

Fairfax County

Advisory Social Services Board

2004 ANNUAL REPORT

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EXECUTIVE SUMMARY

This report is a summary review of the Department of Family Services public welfare programs – Adult and Aging; Children, Youth and Family; and Self-Sufficiency – under the purview of the Advisory Social Services Board (ASSB). This report summarizes significant program trends, events and initiatives for 2004.

Introduction

In accord with its responsibility to provide citizen oversight of the county's public welfare programs administered by the Department of Family Services (DFS), the Fairfax County Advisory Social Services Board (ASSB) presents this report summarizing significant program trends, events and initiatives in 2004 for three DFS divisions: Adult & Aging; Children, Youth & Family; and Self-Sufficiency.

The main intent of this report is informational – to lay the groundwork upon which sound decisions can be made and wise actions taken to protect the welfare of county residents.

Outlined in the Executive Summary are three action items of particular importance for which the Board of Supervisors support is requested:

- The Board of Supervisors should support, with the state, implementation of the Program Improvement Plan resulting from the federal child and family services review. Both state and local governments should be willing and able to maintain support during difficult budget deliberations for the resources required to carry out these important program improvements on behalf of our community's children.
- The Board of Supervisors should monitor the progress of the debate regarding welfare reform reauthorization (Personal Responsibility and Work Opportunity Reconciliation Act) and be prepared to communicate with the Congressional delegation at key decision points regarding the impact of policy changes on local programs.
- The Board of Supervisors should encourage and support ongoing efforts to maximize resources and provide efficient home based care services designed to help elderly persons and adults with disabilities live independently in their own homes.

Meeting the Needs of a Changing Community

Not only is the county's population growing in number, it is also growing older and more ethnically diverse. Since 1990 the total number of Fairfax County residents has grown by 24 percent, to over one million. Between 2000 and 2010 the number of county residents over age 60 is expected to increase 55 percent. Thirty percent of county residents speak a language other than English.

Each year, the diversity among families living in the county increases. This diversity is related not only to culture and language, but to other factors such as the increased number of aging adults and people with disabilities. Diversity has enriched our community and has also added a new level of complexity to the work of the department and its staff.

These demographic trends have challenged DFS and the county to develop more efficient and effective ways to deliver services to the residents who need them. Some examples of the department's challenges and successes in the face of the changing demographics of the county include:

- Public assistance caseloads have increased almost 51 percent from an average monthly caseload of 31,018 in FY 2002 to 46,803 in December 2004. DFS is exploring the use of new technology and processes to eliminate unnecessary paperwork and make the best use of staff time. Meanwhile, to make services more accessible, especially to residents with daytime jobs, DFS is planning to expand its business hours for public assistance applicants into the early evening hours.
- To provide equal access to services and maintain excellence in public service, DFS continues to invest in attracting, developing and retaining a highly skilled and diverse workforce. In addition, the department must provide its staff with adequate tools to meet the needs of the community, including access to language translation and interpretation services (including sign language), as well as the provision of culturally appropriate services. The department uses in-house bilingual staff to provide interpretation assistance in conjunction with their job duties. When this is not possible, DFS provides language access services through the use of telephonic interpreters to ensure that the inability to speak English is not a barrier to accessing services. Staff has been trained in how to access and use language interpretation services and frequently makes use of these services.
- To reduce costs in home based care and to provide more efficient and comprehensive services to help elderly persons and adults with disabilities stay in their own homes, the Adult and Aging Division developed a cluster home care model that was piloted in the Annandale area in November 2004 and will begin in the Falls Church area in early 2005. Fairfax County's cluster care model has three components: home based care that is paid for according to tasks completed rather than hours worked, volunteer services, and home delivered meals. A cluster contains approximately 25 to 50 clients, living within five miles of each other. Cluster home care services are being provided by four contract home care agencies and also by private individual providers. It is expected that the cluster home care will be fully implemented across the county in June 2006. With the cost savings from cluster home care, a waiting list is avoided at least through fiscal year 2006. Volunteer services can supplement services previously provided by hourly paid home based care aides, such as friendly visiting, shopping, telephone reassurance, and home chores.

Action Item: The Board of Supervisors should encourage and support ongoing efforts to maximize resources and provide efficient home based care services designed to help elderly persons and adults with disabilities live independently in their own homes.

- In its work to make sure that homebound seniors receive adequate nutrition, DFS found that some Korean and Vietnamese seniors had difficulty adapting to "American style"

home-delivered meals. DFS partnered with the Korean Central Senior Center to provide ethnically appropriate home-delivered meals for Korean seniors. DFS hopes to develop a similar service for Vietnamese seniors.

- The county (and the nation) faces a shortage of home care aides for older residents and those with disabilities. Culturally sensitive home care aides for seniors from various ethnic communities in the county are in even greater demand. In 2004, DFS provided support to the Long-Term Care Coordinating Council, Northern Virginia Community College, and INOVA Health System's partnership with a local Korean church to train a group of Korean-speaking home care aides. Plans are underway to try a similar approach with other ethnic communities.
- The department is developing a regional, community-based approach to service delivery that can respond to differing community and neighborhood needs. The Children, Youth and Family Division increased support to serving families and children in their own communities and is working to increase connections and partnerships with community organizations to better serve the diverse population.
- The Family and Child Program in DFS helps families who are at risk of child abuse, neglect or family dissolution. As of October 2004, 40 percent of the families served by the program spoke a language other than English in the home (compared to 11 percent in 1999). Other programs have experienced similar demographic shifts in the families they serve. To meet the needs of an increasingly diverse clientele, DFS continues to recruit social workers with various foreign language skills and cultural backgrounds.

Federal & State Mandates

In several areas, state and federal mandates have impacted efforts on the part of DFS in 2004 to review and improve programs. Among the most significant are:

The Child and Family Services Review – Program Improvement Plan

The U.S. Department of Health and Human Services reviewed child welfare services in all 50 states and issued its final report on Virginia's review in June 2004. The purpose of the review was to help states improve services with the goal of achieving safety, permanency, and well-being for families and children receiving services. Fairfax County was one of three local jurisdictions in Virginia to be studied as part of this nationwide review. No state has been found in "substantial conformity" with the high standards deliberately set by the federal government, and all have had to develop a "program improvement plan" (PIP) to address the areas for which standards were not met. Fairfax County's DFS plans to focus its efforts on several key areas:

- Reducing the length of time for children to achieve permanency (i.e., to move from temporary foster care placements to permanent, adoptive homes or other permanent and safe living arrangements).
- Concurrent planning (i.e., starting immediately to plan for adoptive or permanent placements while at the same time working with birth families to address the problems that prompted a child's removal and placement in foster care). Concurrent planning can

significantly reduce the waiting time for permanent placements for those children whose prospects of being returned safely to their birth families are remote.

- Exploring the possibilities of placing children with relatives and expanding outreach to extended family members of children in foster care.
- Stepping up efforts to decrease risk of harm to children in the child welfare system.

While the PIP will ultimately improve outcomes for families, significant resource implications are associated with many of its requirements, such as more frequent contact with families, increased documentation efforts, and additional mandatory training for social workers. The Virginia Department of Social Services submitted to the Virginia General Assembly's Finance Committee a summary of the fiscal impact of implementing the PIP. Once the funding levels are known, the implementation plan for the PIP will be revisited.

Action Item: The Board of Supervisors should support, with the state, implementation of the Program Improvement Plan resulting from the federal child and family services review. Both state and local governments should be willing and able to maintain support during difficult budget deliberations for the resources required to carry out these important program improvements on behalf of our community's children.

Reauthorization of the Personal Responsibility and Work Opportunity Reconciliation Act

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) created the Temporary Assistance for Needy Families (TANF) block grant. Authorization for the TANF program ended September 30, 2002. Congress did not deal with the full reauthorization of TANF before the original expiration date; therefore, TANF and related programs have continued to operate under a series of extensions (continuing resolutions), the most recent of which lasts through March 2005. This is the eighth time that PRWORA has been temporarily extended since 2002.

As this report is being written, the Congress is resuming the discussion about reauthorization of this legislation. Key policy changes are likely to be discussed that could increase workloads and costs for state and local governments charged with implementing not only TANF but also related child care and employment assistance programs.

Action Item: The Board of Supervisors should monitor the progress of the debate regarding welfare reform reauthorization (Personal Responsibility and Work Opportunity Reconciliation Act) and be prepared to communicate with the Congressional delegation at key decision points regarding the impact of policy changes on local programs.

Meeting Other Challenges Across the Department

Linking Computer Systems

The Self-Sufficiency Division currently uses seven computer systems. Most of these systems are required by the Virginia Department of Social Services. The use of so many systems is inefficient, especially at a time when caseloads have increased so drastically and staff struggles to keep up with the workload demands. In coordination with the Department of Information

Technology, the department is exploring a computer system that would provide a single IT point of entry by linking all of the mandated state systems together to eliminate redundancies, eliminate paper thus reduce filing space and time, increase staff efficiency and satisfaction and provide better customer service.

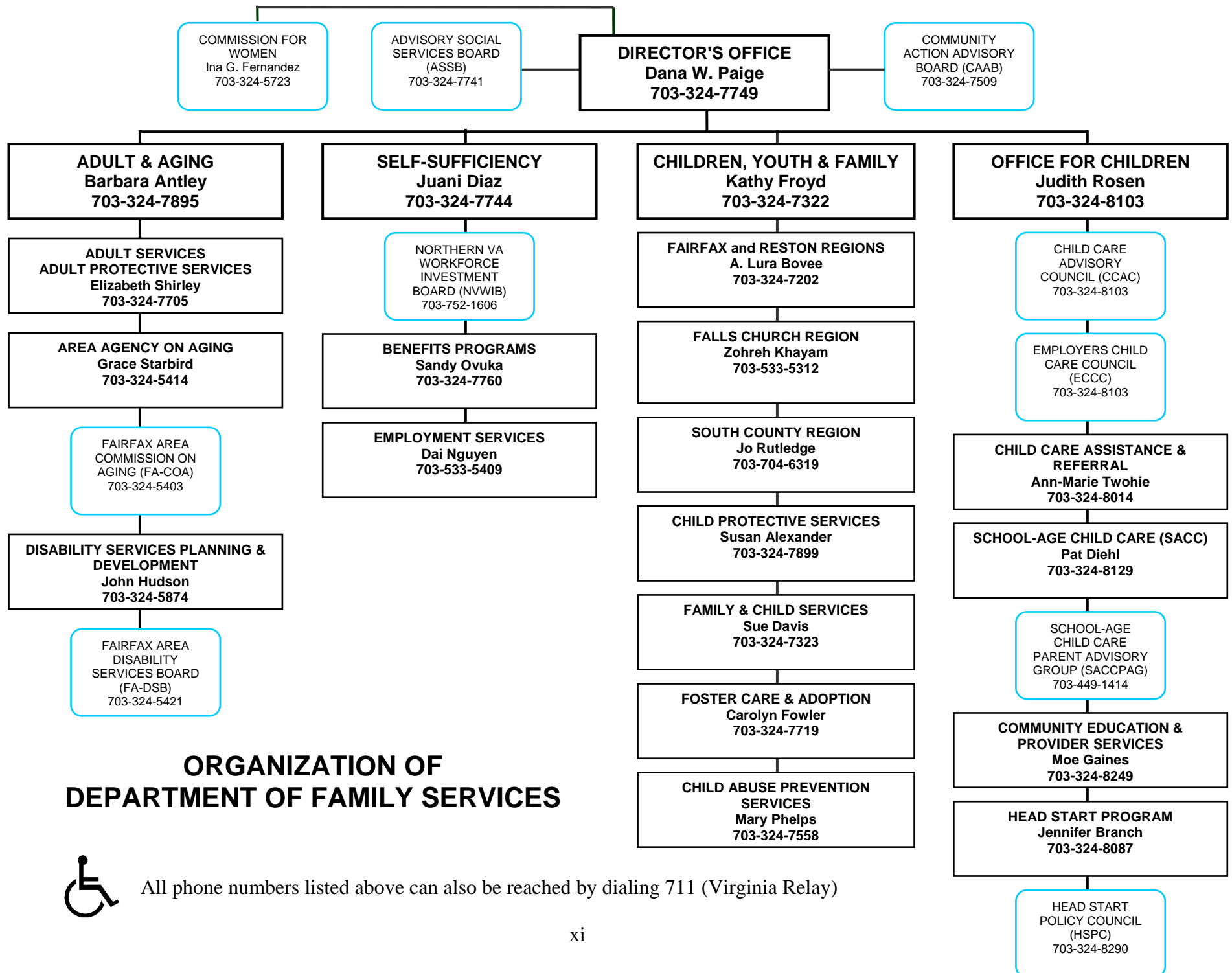
Recruiting and Retaining Staff

The department is committed to recruiting and retaining a highly competent workforce in order to maintain high quality services for our customers. The department is currently exploring ways to reduce the effects on staff of the increase in workload to improve job satisfaction and reduce staff turnover rates. DFS is also exploring innovative ways to train staff to be as proficient as possible as quickly as possible.

Planning Ahead

In 2004, the department continued to refine and implement an ambitious department-wide strategic plan, to help guide and coordinate its work over the next several years. The strategic planning initiative brings together staff members from programs throughout the department to focus on work that will help the department meet goals of strategic importance – such as strengthening community alliances and improving customers' access to services. The ASSB fully supports this effort.

The following report describes in full detail the various initiatives each of the Department of Family Services divisions undertook in 2004, as well as trends and challenges they face.



Department of Family Services
ADULT AND AGING DIVISION

OVERVIEW

The mission of the Adult and Aging Division is to provide programs that support elderly persons and adults with disabilities. The goals are to: 1. maximize independence; 2. provide leadership in developing new support networks; and 3. enhance informal social support networks already established by families and communities. This division reflects the integration of the Area Agency on Aging, Adult Services, Adult Protective Services, Care Network for Seniors and Disability Services Planning and Development. (www.fairfaxcounty.gov/service/dfs/overview.htm#adult).

Based on U.S. Census data, the estimated increase in Fairfax County's senior citizens from 2000 to 2010 is 55 percent, or 61,427 seniors. Beyond 2010, the 60 and over population is expected to increase at a rate of 1.2 percent annually according to the 2000 Census data projection provided by the Virginia Employment Commission (www.fairfaxcounty.gov/aboutfairfax/default.htm).

INITIATIVES/PROGRAM HIGHLIGHTS

- **Home Based Care**
Home based care services are provided to functionally impaired, income-eligible seniors and adults with disabilities. These services assist people with tasks of daily living, such as bathing, meal preparation, and housekeeping. The number of residents requiring home based care continues to grow. Clients are primarily served through contracts with four private agencies, with services provided to most clients on an hourly basis determined through an assessment process.

Home Based Care
Monthly Caseload and Total Unduplicated Clients Served

Fiscal Year	Avg. Monthly Clients	Total Clients Served
2000	587	1,184
2001	600	1,113
2002	659	1,161
2003	679	1,177
2004	719	1,212

Because of the growing demand for services, the Department of Family Services requested the Center for Excellence in Aging and Geriatric Health of the College of William and Mary study home based care services. The study (www.fairfaxcounty.gov/service/dfs/AdultsElderly/LongTermCare.shtm), completed in 2004, had the following objectives:

- Estimate the number of home based care clients for 2004, 2007, and 2010.
- Review home based care programs in other locations.
- Research technology based options.
- Recommend options for Fairfax County.

William and Mary found the number of persons served through home based care increased at an annual growth rate of 3.2 percent from 1993 to 2003. William and Mary made the following recommendations:

- The Health Department should discontinue the Bathing and Respite Program, and Family Services should assume responsibility for the clients.
- Family Services should, with consideration of findings from Arlington County, pilot the task based program in naturally occurring neighborhood clusters.
- Family Services should explore opportunities to incorporate consumer choice into the home based care program.
- Family Services should implement a waiting list and reduce the maximum number of home based care hours per week from 32 to 20.
- Family Services should implement a co-payment for all home based care services.

In July 2004, the Health Department's Bathing and Respite Program was transferred from the Health Department to the Department of Family Services. Adult and Aging's in-home respite program was integrated with the former Health Department's. Fees based upon income are assessed for bathing and respite. Family Services now contracts for the provision of case management with ElderLink, a private-public partnership with INOVA. The ElderLink staff is part of the Fairfax Area Agency on Aging and is supervised by the director of the Fairfax Area Agency on Aging.

The department contracted in 2004 with an occupational therapist to provide training and consultation to staff regarding assisted technology. New contracts with the home care agencies provide for technology options as Adult and Aging continues to explore how to best integrate technology assistance into services provided. (Responses to the other William and Mary recommendations are contained under the Cluster Care heading).

- **Task Based Services in Congregate Apartments**

In 1999, task based home care services were initiated in six Falls Church area apartment complexes. With task based home care services, individuals receive a schedule of needed tasks rather than receiving services in blocks of time. Earlier studies by George Mason University researchers found the task based model to be both efficient and cost effective. In 2003, the task based model replaced the hourly model in 11 additional congregate apartment complexes.

- **Client Satisfaction with Home Based Care Services**

The agency conducts an annual client satisfaction survey for home based care services. In 2004, there were 256 hourly, 91 task based, and 58 Share Care (a Fairfax Area Agency on Aging task based care program) respondents. The hourly home care services respondents

indicated 92.8 percent satisfaction with the overall in-home care program; the task based respondents, 89.4 percent satisfaction; and the Share Care, 94.7 percent. The goal for the satisfaction survey is 90 percent overall satisfaction. The department meets quarterly with the contract agencies to address contract requirements for quality services and to resolve issues. Client complaints are immediately brought to the attention of the home care agencies, and a contract coordinator works toward solutions.

- **Cluster Home Care**

To reduce costs in home based care and provide more efficient and comprehensive services to help elderly persons and adults with disabilities stay in their own homes, Adult and Aging developed a cluster home care model. The cluster home care model builds on the home based care study recommendations by the College of William and Mary. In addition, the cluster home care model uses ideas from other communities about how best to align supportive services around Naturally Occurring Communities (NORCs). The Fairfax County model of cluster care has three components: home based care, volunteer services, and home delivered meals.

The traditional hourly model of home based care is being phased out and replaced with task based care. Cluster home care began in the Annandale area at the end of November 2004, and will begin in the Falls Church area at the end of February 2005. A cluster contains approximately 25 to 50 clients, living within five miles of one another. Cluster home care services are provided by four contract home care agencies and by private individual providers. It is expected cluster home care will be fully implemented across the county in June 2006. With the cost savings from cluster home care, a waiting list is avoided for at least fiscal year 2006.

In order to maintain a form of consumer directed care, home care clients, other than those in the 17 existing task based sites, will have the option of using approved private individuals as care providers. The private individuals will be paid using established rates based upon training and experience.

Concurrently, with the implementation of cluster home care services, volunteers are being recruited. Volunteers can supplement services previously provided by home based care aides, such as friendly visiting, shopping, telephone reassurance, and home chores.

The home delivered meals services provided through the Fairfax Area Agency on Aging are an important component of cluster care. Home delivered meals social workers participate in the planning and implementation for cluster care services. Innovations for home delivered meals enhance the cluster care services, but increased resources, including staff, are needed. Possible innovations include: groceries delivered after computer generated ordering, frozen meals delivered once per week, and ethnic meals for seniors who are at nutritional risk and do not eat American food (currently there is one Korean Meals on Wheels route). A small pilot project is underway to provide ethnic meals to Vietnamese nutritional supplement clients.

- **Falls Church Case Management Project Ends**

The Falls Church case management project was initiated in 1998, to provide interdisciplinary case management services to adults with functional limitations. Adults with disabilities and seniors in specific Falls Church zip codes were targeted. The project involved the Health Department, DFS Adult Services and the Fairfax Area Agency on Aging, with cases assigned to nurses or social workers depending on clients' medical conditions and psychosocial needs. In 2004, the team assessed 143 clients and authorized services across agency boundaries. With the transfer on July 1, 2004, of the Health Department's Bathing and Respite Program, the Falls Church project ended. The DFS staff members previously involved with the project are now implementing cluster care. Interdisciplinary care planning teams with participating Health Department nurses meet in each of the four regions of the county.

- **Adult Protective Services**

In fiscal year 2004, there were 563 Adult Protective Services (APS) investigations, which resulted in 308 adults needing protective services (www.fairfaxcounty.gov/service/dfs/pdf/apsreport.04.pdf).

Total APS Investigations

FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
575	590	587	648	563

Of the cases investigated: 83 percent involved persons over age 60; 17 percent involved persons under age 60; and 17 percent involved persons in institutional facilities.

Clients Needing Protective Services

FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
356	374	347	359	308

Of the 308 adults needing protective services:

- 129 were cases of caretaker neglect.
- 64 were cases of self-neglect.
- 79 were cases of abuse.
- 36 were cases of financial exploitation.

- **Assisted Living Facilities**

In Fairfax County there are 51 assisted living facilities with a total of 3,663 beds. Two of the 51 facilities, Lincolnia and Stephenson Place, are county owned. Lincolnia has 52 beds for low-income seniors, and Stephenson Place is for persons with serious mental illness. In addition, a regional assisted living facility at Birmingham Green in Manassas, is owned by Fairfax County and four other jurisdictions, and has 23 beds designated for county residents.

Fairfax seniors and adults with disabilities continue to face the prospect of leaving this area if they are unable to live independently in their own homes. Lincolnia has a waiting list of 173

individuals. The assisted living facility at Birmingham Green has a waiting list of five. Seventy-six of the 186 seniors and adults with disabilities receiving auxiliary grants in December 2004 are living outside of Northern Virginia.

Auxiliary grants from the Virginia Department of Social Services are used to supplement an individual's income to pay for assisted living. These grants have risen to \$1,028 (increased to \$1,045 on January 1, 2005) in Northern Virginia, but the monthly cost of a private facility in the area ranges from \$3,000 to \$5,000 and in some cases, more. The maximum state income guidelines are set at \$1,127.

The county continues to seek expansion of affordable assisted living options. The 75-year-old assisted living building at Birmingham Green is scheduled for replacement using funds from the HUD Sections 202 and 811 programs. The new buildings will have 77 units for persons age 62 and over and 14 units for adults with disabilities under age 62.

Final contracts were signed for Little River Glen II, a new county facility, with an anticipated opening in early 2006. Little River Glen II will have 60 units of assisted living and an adult day health center.

Plans for developing assisted living at Lewinsville, a county owned facility, with independent apartments, a senior center, and adult day health care, are underway. Financing affordable living, however, continues to be a challenge.

Chesterbrook construction is expected to begin this summer with occupancy to begin in late 2006. Full occupancy is anticipated by January 1, 2008.

- **Nutrition Program/Home Delivered Meals**

Home delivered meals are provided for individuals age 60 and over who are unable to shop for or prepare their own meals. The objective of the program, mandated by the Older Americans Act, is to improve nutrition and maintain the physical, mental and/or cognitive functioning of homebound seniors as long as possible.

The Fairfax Area Agency on Aging has a memorandum of agreement with 18 Meals on Wheels volunteer delivery groups who coordinate and deliver the meals. Meals are purchased by the Fairfax Area Agency on Aging through contracts with the following five groups: Fairfax Department of Housing and Community Development; INOVA Health System; the Hermitage in Northern Virginia; Fairfax County Public Schools; and the Korean Presbyterian Church.

The Nutritional Supplement Program, funded by Title III of the Older Americans Act, targets low-income and minority individuals who are unable to consume sufficient calories from solid food due to chronic disabling conditions, dementia, or a terminal illness. Clients' families pick up cases of the liquid supplement from 11 sites around the county. In Program Year 2004, 1,194 clients were served by the home delivered meals and nutritional supplement program. The total number of meals served to clients for both nutrition programs was 279,344 meals.

- **Northern Virginia Long-Term Care Ombudsman Program**

During program year 2004, the Northern Virginia Long-Term Care Ombudsman Program advocated for the rights and well-being of residents living in the 31 nursing facilities and 80 assisted living facilities in Northern Virginia. As of July 30, 2004, Fairfax County had 16 nursing facilities (2,054 beds) and 51 assisted living facilities (3,663 beds), for a total of 5,717 beds, or 53 percent of Northern Virginia's 10,789 beds.

The Ombudsman Program handled 183 complaints through formal investigations and mediation; 93 pertained to Fairfax County. Additionally, the volunteer ombudsmen handled 352 complaints with 150 of those in Fairfax County facilities. The program received 6,845 inquiries regarding resident care and facility information and almost half of these came from Fairfax County residents. Consultation to facility staff totaled 123 with 72 of those for Fairfax facilities. Furthermore, the ombudsman program's Web site (www.fairfaxcounty.gov/ombudsman) had 16,474 hits during the year.

During program year 2004 the program continued to benefit from a capable team of volunteer advocates who significantly increased the program's impact (and presence) around the region. Of 79 active volunteers during the year, 40 served in Fairfax County at 46 facilities. Recruitment of volunteer ombudsmen occurs primarily through area newspapers, volunteer bureaus and by word of mouth. The program is benefiting from good media exposure: new applicants are often familiar with the program from reading past publicity. Once trained, volunteer ombudsmen are assigned to one particular facility which they visit four hours a week.

- **Fairfax Area Agency on Aging (AAA) Volunteer Services**

In 2004, a total of 2,570 volunteers performed 86,674 hours of volunteer service, providing such essential services as home delivered meals, telephone reassurance, friendly visiting, insurance counseling, and pet visits to nursing homes (Pets on Wheels Program). Volunteers also served as guardians/conservators, provided transportation to doctors' appointments, and performed grocery shopping, minor home repairs, home maintenance and yard work, as well as other services that allow seniors to remain in their homes.

- **Caregiver Support**

Through the Older Americans Act, the federal government provides special funding to support family caregivers of elderly persons. The Fairfax Area Agency on Aging uses these caregiver funds to provide public information, support groups and assisted transportation. The Fairfax Caregiver Seminar Consortium was formed to provide seminars for family caregivers. Members of the consortium are the Alzheimer's Association – National Capital Area, Alzheimer's Family Day Center, Department of Community and Recreation Services, Department of Family Services, Department of Health, Thomas West Financial Services, and the Fairfax County Public Library. Seven seminars were sponsored in the fall of 2004, and more are planned for spring 2005.

In 2004, the Kin Care Committee formed as a cross-program and cross-agency initiative between the Department of Family Services and the Fairfax County Public Schools to

research and meet the needs of grandparents and other kin raising minor relatives. Two focus groups were held with grandparents and other relatives. As a result of the focus groups, two support groups were formed with monthly meetings in South County and Herndon. The committee is now working on a resource guide for grandparents.

- **Transportation**

FASTRAN buses provide transportation for county human services participants. In fiscal year 2004, FASTRAN provided 587,509 rides, including 50,208 rides for adult day care participants, 136,316 rides for senior center participants, and 307,262 rides for Fairfax-Falls Church Community Services Board consumers. FASTRAN also transports meals from the kitchen to the central meeting site for the Annandale Meals on Wheels program.

The Seniors On-The-Go Program, operated by the county's Department of Transportation, provides subsidized taxicab rides to income-eligible senior citizens over the age of 65 who reside in Fairfax County. The program, now in its fourth year, currently provides this transportation service for more than 2,750 seniors.

Short-term travel training provides senior citizens with hands-on instruction and guidance on how to access the local metropolitan fixed-route transportation system. Transportation staff members work with senior participants to choose destinations on the Washington Metropolitan transit system. The staff members then develop travel itineraries to help determine which mode of transit to use (bus or rail), the correct usage of transit timetables, and relevant safety procedures when using mass transit.

ISSUES/TRENDS

According to the recent report "Anticipating the Future" (www.fairfaxcounty.gov/comm/demogrph/pdf/futuresenior.pdf) prepared by the Fairfax County Department of Systems Management for Human Services, the Fairfax County Department of Management and Budget, Fairfax County Department of Housing and Community Development, and George Mason University Center for Regional Analysis states that "Programs serving persons 65 years and older will be impacted by strong growth in the target population. The proportions of seniors with disabilities increases dramatically with age – in 2000, 11.7 percent of persons age 65 to 74 had at least one disabling condition, 22.8 percent of those ages 75 to 84 had at least one disabling condition, and 45.7 percent of those ages 85 and older had at least one disabling condition. Examples of existing adult and aging programs that will be affected include transportation, geriatric mental health, adult day care, senior recreation, senior center programs, medication assistance, etc."

- **Nutrition Program/Home Delivered Meals**

Meals are an important component of services designed to help seniors maintain or regain health while living in their own homes. Home delivered meals include Meals on Wheels and Liquid Nutrient (for persons with a medical need). Home delivered meals clients increased from 750 monthly clients in program year 2003, to 790 in 2004. Currently, there are areas of the county – Reston, Burke-West Springfield, Falls Church, and Centreville – where the

Meals on Wheels routes are at capacity, and new routes will be needed to address growing demand. An increasing number of seniors come from countries with food cultures different from that of the United States, and they do not wish to eat American Meals on Wheels. Being responsive to different cultures will require additional resources and the contracting for food preparation by new sources.

- **Long-Term Care Coordinating Council**

In their 2002 final report, the Long-Term Care Task Force recommended establishing a permanent volunteer board to oversee the initiatives approved by the Fairfax County Board of Supervisors. The Long-Term Care Coordinating Council was subsequently established in 2003 to: provide leadership and serve as the catalyst in the implementation of the strategic plan; educate funders and policy makers on long-term care needs; and advocate for solutions to unmet needs. Finally, the council was charged to develop a structure for an ongoing, nonprofit, collaborative partnership organization in the community to implement the strategic plan. The council provides a mechanism for government agencies, nonprofits, for-profits, educational institutions and businesses in our community to develop a shared vision for long-term care and to enhance service delivery (www.fairfaxcounty.gov/ltc).

A representative from the ASSB serves on the council, and many of its initiatives interface with services provided by DFS. During 2004, the council's Access Committee focused on developing a partnership with SeniorNavigator (SeniorNavigator.com). SeniorNavigator is a nonprofit that provides a database with information about statewide local senior services. Through the partnership with SeniorNavigator, the Long-Term Care Coordinating Council will gain a public Web site with information tailored to Fairfax County residents. The Service Development Committee is working to expand day services for seniors from other countries and for younger adults with disabilities. The Service Development Committee also worked with the Virginia Department of Medical Assistance Services regarding a feasibility study for PACE (The Program of All-Inclusive Care for the Elderly). The Workforce Development Committee initiated a partnership agreement with Northern Virginia Community College and the Northern Virginia Workforce Investment Board. Through a grant received by the Virginia Department of Medical Assistance Services, the Falls Church SkillSource Center was able to hire an outreach industry specialist to recruit and facilitate training and employment of direct care workers. The Workforce Development Committee provided support for a Korean Presbyterian Church and INOVA initiative through which persons who speak Korean and are from the Korean culture received training as home care aides.

- **County Cemetery**

Fairfax County assists indigent families with burials through the General Relief Program and with county funds. Currently, the county purchases graves through a contract with a private cemetery. Previously, county burials were conducted at the county cemetery on Jermantown Road. The county cemetery has not had available graves since 1992. With the growing county population, private cemeteries are not likely to continue to be an affordable option for county-funded burials. County staff is presently pursuing the use of several publicly owned sites for a new county cemetery.

Department of Family Services
CHILDREN, YOUTH AND FAMILY DIVISION

OVERVIEW

The Children, Youth, and Family Division provide the following services:

- Child Protective Services.
- Foster Care and Adoption Services.
- Family and Child Services, including services to homeless individuals and families.
- Child Abuse Prevention Services.

These services are provided in each of four regional human services offices throughout the county (Fairfax, Falls Church, South County and Reston), as well as in multiple smaller community-based sites to be more accessible to the families we serve. The goals of these services are to protect children from harm and prevent abuse and neglect, support and enhance parents' and families' capacity to safely care for and nurture their children, and ensure the normal development and long-term emotional and physical health of children by supporting families who provide for them.

INITIATIVES/PROGRAM HIGHLIGHTS

The following initiatives are being undertaken by the Children, Youth and Family Division to best meet the needs of the children and families of Fairfax County.

- **Regional Service Delivery Support**

Regional management was established in September 2004 to support integrated quality service delivery across the CYF programs, including the oversight of regional service delivery in our community-based regional offices and the development of community partnerships and resources to support our work with families. Children, Youth and Family regional managers will provide direct management support and oversight for the division's staff in each region, assuring the highest level of community-based, strength-based and family-focused service delivery to children and families. Staff in the regions will assess community needs and trends and assure the timely delivery of services which are created and adapted to address regional service delivery challenges. A critical piece of this work is the responsibility for linking CYF services with those of other human services agencies, schools, and community and faith-based organizations to respond to unique community and neighborhood needs.

- **Child & Family Services Review (CFSR) Program Improvement Plan (PIP)**

The U.S. Department of Health and Human Services reviewed child welfare services in all 50 states and issued its final report on Virginia's review in June 2004. The report can be found at www.acf.dhhs.gov/programs/cb/cwrp/staterpt/index.htm#v. The purpose of the review was to help states improve services with the goal of achieving safety, permanency, and well-being for families and children receiving services. As the largest metropolitan locality in Virginia, Fairfax County was one of three local jurisdictions in Virginia to be studied as part of this nationwide review. No state has been found in "substantial conformity" with the high

standards deliberately set by the federal government, and all have had to develop a “program improvement plan” (PIP) to address the areas for which standards were not met.

Each state will be reviewed again two years after the approval of their PIP. The Virginia PIP was developed based on input from the local agencies, including Fairfax County, and submitted to the Children’s Bureau on November 17, 2004. The PIP was approved in early 2005. The next review is not expected until 2007, and will focus specifically on whether progress was made in the focus areas included in Virginia’s Program Improvement Plan.

Fairfax County is focusing efforts on several key areas:

- Reducing the length of time for children to achieve permanency (i.e., to move from temporary foster care placements to permanent, adoptive homes or other permanent and safe living arrangements).
- Concurrent planning (i.e., starting immediately to plan for adoptive or permanent placements while at the same time working with birth families to address the problems that prompted a child’s removal and placement in foster care). Concurrent planning can significantly reduce the waiting time for permanent placements for those children whose prospects of being returned safely to their birth families are remote.
- Exploring the possibilities of placing children with relatives and expanding outreach to extended family members of children in foster care.
- Stepping up efforts to decrease risk of harm to children in the child welfare system.

Some of the initiatives described below will impact these areas and improve our outcomes for children and families.

- **Structured Decision-Making**

Fairfax County is one of 27 agencies in Virginia participating in a pilot program to utilize the Structured Decision-Making (SDM) model. This model provides a framework for more efficient, consistent, and valid decision-making for child welfare agencies. It uses different criteria at each decision point to address the issues at each stage of the case. Although utilized most by the Child Protective Services program, the SDM tools will be used by other programs throughout the division as well. At least 14 states have implemented the SDM model, and many other agencies around the country have informal adaptations of the model.

The objectives of the SDM model are to:

- Introduce structure to critical decision points in the child welfare system.
- Increase the consistency and validity of decision-making.
- Target resources to families most at risk.
- Improve the effectiveness of child welfare services.

The components of SDM include a priority response system for Child Protective Services, a safety planning tool, a research-based risk assessment, standardized assessments of family and child strengths and needs, and a reunification tool for foster care. These tools will guide both the provision of a particular service and the level of service provided. Linking service standards to risk ensures that resources are targeted to families most likely to have a recurrence of abuse or neglect.

- **Blue Ribbon Campaign**

As part of a larger national Blue Ribbon Campaign focusing on preventing child abuse, the department's local campaign continues to assume greater responsibility in educating the Fairfax community on child abuse prevention. The campaign, an outreach and education effort led by the Children, Youth and Family Division, is guided by a steering committee which includes advocacy and community groups and human services staff who are committed to the welfare of children. Fairfax County Board of Supervisors issues a proclamation each spring designating April as Child Abuse Prevention Month.

Other outreach and education efforts for 2004 included:

- Distribution of Blue Ribbon informational materials to libraries, schools, recreation centers, Fairfax County fairgoers, faith communities and homeowners associations. This effort received support from Stop Child Abuse Now (SCAN) of Northern Virginia, Cox Communications, and the Little River Glen Senior Center.
- Article prepared by DFS on Understanding and Preventing Child Abuse and Neglect published in *Fairfax County Women's Journal* with a circulation of 70,000.
- Distribution of Blue Ribbon Campaign message to 11,000 county employees via Newslink, Infoweb and the Courier.
- Printing and distribution of 40,000 copies of "Guide to Summer Fun & Safety" to schools, recreation centers, libraries and the community. Partners included: Department of Community and Recreation Services, Department of Housing and Community Development, Branch Banking & Trust Company of Virginia, and Cox Communications.

- **Domestic Violence Initiative**

The Children, Youth and Family Division is developing a Domestic Violence initiative focusing on the protection and safety of children. Components of the initiative include: provision of consultation, support and training to DFS staff in the area of domestic violence; development of a multi-disciplinary team designed to support integrated service delivery to victims; assurance of DFS representation on cross-agency workgroups; and specialized case management services to victims. This effort is in collaboration with the countywide domestic violence effort, spearheaded by the Fairfax County Domestic Violence Prevention, Policy and Coordinating Council.

- **Prevention Leadership Committee**

Since April 2004, staff from the Children, Youth and Family Division participated in the Prevention Leadership Committee with representatives from the school system and multiple county agencies. The committee's goals are to: increase human services, school and nonprofit agency cooperation in developing and delivering prevention services for children and families; ensure that the funding for prevention services is invested in needed evidence-based programs; and develop a framework for community-wide prevention planning using measures of community well-being or health.

- **The Katherine K. Hanley West County Family Shelter**

The Katherine K. Hanley West County Family Shelter will be located on Route 29 near Stringfellow Road, and will contain 60 beds and serve up to 20 families at a time. This new shelter will address the critical need for emergency shelter for homeless families in

central/western Fairfax County and will help alleviate the use of motels, where some families stay while awaiting space at other county shelters.

In fall 2004, the building concept was presented and discussed at several community meetings. Using their feedback, as well as feedback from county experts, the conceptual design package was refined and submitted by the architect to the county. The county's approval authorized the architects to proceed to the design development phase.

As the building design moves forward, Children, Youth and Family Division staff are working with other county agencies, community based service providers, and community organizations to have the facility and services in place for the shelter to open, as anticipated, in fall 2006.

- **Revenue Maximization**

Program areas in the Children, Youth and Family Division continue to provide high quality services despite increasing needs and requirements in a difficult fiscal environment. During 2004, the division, in collaboration with other human services agencies, continued to develop new sources of revenue to increase funding for services, primarily through the Title IV-E Foster Care Pre-Placement Prevention initiative. As part of this recent statewide initiative, the CYF Division is eligible to claim federal reimbursement for case management services that prevent at-risk children from being placed into foster care. Revenues derived from this initiative are used to help address unmet social service needs through either expansion of existing programs or new initiatives. The division is using its Title IV-E revenues to enhance efforts to prevent foster care placement for children, focusing on preventing abuse and neglect, and strengthening families.

- **Professional Development**

Public social services continue to be a high-stress, high-turnover work environment. The department provides opportunities for professional development and supports the recruitment, development, and retention of a diverse professional workforce through both in-house and Virginia Institute of Social Services Training Activities (VISSTA) training events. In addition, several unique, ongoing programs are offered.

Masters of Social Work (MSW) Stipends – Three DFS employees receive stipends that cover a significant portion of the expenses of the graduate degree. Federal IV-E Child Welfare Training funds pay for this program, with a small match from county funds. Employees study as part-time students and upon graduation are required to work for a DFS Child Welfare program for two to three years.

Licensed Clinical Social Work (LCSW) Training – Twenty-six DFS employees are currently pursuing clinical training, in accordance with LCSW regulations, to prepare for the Virginia LCSW exam – the highest practice certification for social workers in Virginia. This training includes both agency and contracted staff to provide clinical supervision. Currently, 25 DFS employees have received their LCSW through this program certification.

Virginia Commonwealth University (VCU) Student Unit – The department continues its partnership with the VCU Graduate School of Social Work by hosting a student intern unit, located within DFS and staffed by VCU. The unit typically has six graduate students

interning in a DFS child welfare program – preparing them for social work practice, streamlining the work of regular DFS employees working with the interns, pre-training potential employees and building the relationship with a highly ranked graduate school.

- **Best Practices**

The Children, Youth and Family Division incorporates best practices into daily service delivery and identifies areas for improvement.

Quality assurance is critical to best practices and to identifying areas for improvement. The CYF Division is developing a more comprehensive and broad-ranging quality assurance process. The structured decision-making initiative provides a framework for more efficient, consistent, and valid decision-making for child welfare cases. The Program Improvement Plan is another quality assurance activity that measures our progress toward achieving better outcomes for children and ensuring quality service delivery. A new case review process is being developed to enhance delivery of consistent high quality services.

The CYF Division provides leadership with several Juvenile Court judges for the **Permanency Planning Forum**, an interagency forum organized to address the issue of achieving timely permanency for children in foster care. The group meets quarterly and includes: circuit and juvenile court judges; guardians *ad litem*; county attorneys; foster parents; child welfare social workers; representatives from Fairfax County Public Schools and other human services organizations; and Court-Appointed Special Advocates (CASAs). The membership of the Permanency Planning Forum was expanded for 2005, and the group will meet more frequently. This forum supports several significant child welfare service delivery and court improvement efforts. In 2004, the Permanency Planning Forum participated in selecting the priority focus areas for the Program Improvement Plan for Fairfax County; sponsored Court Improvement Training for child welfare, court and legal staff; and participated in conducting a community assessment for utilizing funding from the Promoting Safe & Stable Families Grant.

ISSUES/TRENDS

Several overarching issues and trends in our community influence services provided and initiatives undertaken by the Children, Youth and Family Division. Other, more specific issues and trends are detailed in the program sections of this report.

- **Increasing Cultural Diversity**

Fairfax County experienced significant population growth over the last several years. Since 1990, the total number of Fairfax County residents has grown by 24 percent, to more than one million. The county's demographic composition has changed to include more families with culturally diverse backgrounds. Thirty percent of county residents speak a language other than English. The DFS Family and Child Program saw a shift in families they serve who spoke a language other than English in the home from 11 percent in October 1999, to about 40 percent in October 2004. This population shift presents several challenges for service delivery to ensure families' needs are met.

To address the increasing diversity, the department continues to recruit social workers with various foreign language skills and cultural backgrounds. The regional approach to service delivery will allow DFS to better address the needs of culturally diverse families. The regional offices provide a community-based approach to service delivery that is culturally aware and can be responsive to differing community and neighborhood needs. It also supports partnerships with schools, community organizations and faith-based groups, which are critical to successful children and family services.

- **Gang Involvement**

Fairfax County has seen a recent increase in gang activity and is proactively investigating ways to prevent youth from becoming involved with gangs. The Children, Youth and Family Division offers services which are effective in intervening in families to prevent the development of gang activity. Several Family Resource Centers are strategically located in communities struggling with gang activity, where children are more at risk of being indoctrinated into a gang. Intensive services are provided to at-risk families in all programs to strengthen family bonds and to alleviate risk factors such as isolation and poverty. These risk factors make families more vulnerable for gang involvement. The focus of our services is to strengthen families and strengthen the relationships between parents and their children in order to keep them safe. The Children, Youth and Family Division is participating in the larger gang prevention initiative the county is undertaking.

- **Domestic Violence**

Domestic violence is known to be a significant factor in child abuse. The Children, Youth and Family Division is committed to addressing all issues that contribute to child risk and family instability. A domestic violence specialist is now working with the CYF Division to offer prevention and intervention services to families we serve who experience domestic violence. This work, in collaboration with broader human services efforts, focuses on bridging the gap in services for children who have witnessed such violence.

- **Family Caregivers**

Some states have initiated “kinship care” programs, which allow for the financial support of relative caregivers as an alternate to foster care. In Virginia, where such a program does not yet exist, financially limited family members who would like to care for relative children are currently unable to receive assistance, as foster parents would. Virginia applied for a waiver from the federal government to utilize federal funds to develop a kinship care program, however; the waiver is not yet approved. Federal legislation addressing kinship care is likely to be re-introduced in 2005.

- **PIP Implications for Local Service Delivery**

While the Program Improvement Plan will ultimately improve outcomes for families, there are significant resource implications associated with its requirements including increases in contact with families, documentation efforts and mandatory training for social workers. The Virginia Department of Social Services submitted to the Finance Committee of the Virginia General Assembly a fiscal impact summary for implementing the PIP, and the proposals for support of this effort are now under consideration.

Children, Youth and Family Division

CHILD PROTECTIVE SERVICES

The Child Protective Services (CPS) program is designed to protect children from abuse, neglect and exploitation. Child Protective Services social workers assess child and family strengths and needs and provide services and support to families, such as counseling, referral to parenting programs, child care and other supports to enable children to remain safe in their own homes.

INITIATIVES/PROGRAM HIGHLIGHTS

- **Structured Decision-Making**

In 2004, the Commonwealth of Virginia expanded Structured Decision-Making (SDM) to 27 pilot agencies including Fairfax County. The CPS instruments being piloted include prioritization of complaints, safety assessment, risk assessment, family strengths and needs assessment, and family reunification review. Fairfax County began using these tools on December 20, 2004.

- **The Family Intervention, Resource and Engagement Program**

The Family Intervention, Resource and Engagement Program was developed in 2004. This program offers families intensive, short-term crisis intervention and family education services in their home for six to eight weeks. The program goals include preventing out-of-home placement of children, assuring the safety and well-being of children, improving family functioning, collaborating with the family to develop a service plan based on their strengths and competencies, providing culturally competent and community-based services and engaging the extended family and community resources to provide support to the family.

Staff is available and accessible to the family 24 hours a day, seven days a week. The program is evaluated for success in meeting these goals, as well as satisfaction with services provided. Intensive services are provided by the staff and referrals are made to community resources to meet identified needs. The staff works collaboratively with the family to identify strengths and needs and assist families by teaching, modeling, and reinforcing parenting skills.

- **Childhelp USA Children's Center of Virginia**

The Childhelp USA Children's Center of Virginia, supported by a public-private partnership, provides a wonderful, child-friendly facility where victims of sexual abuse receive the continuum of services needed to interrupt the abuse and treat its effects. In its second fiscal year of operation, ending July 2004, the Children's Center served 1,018 children from infants through age 17, and 680 non-abusing parents or guardians with assessments, investigations, intervention, and treatment services. The advocacy center's delightful playroom and supportive atmosphere greatly contributed to the children's ability to relax, play and discuss the abuse, thereby increasing the effectiveness of investigations and services for the child. What used to involve several visits to places that children perceived as scary, such as police stations and hospitals, can now be accomplished in a single visit to the Children's Center, avoiding any secondary trauma. The collaboration with the medical, legal and law enforcement organizations also supports bringing abusers to justice.

- **Interjurisdictional Reviews of High-Risk Child Welfare Cases**

The Fairfax County CPS staff continues to work with the City of Alexandria in the interjurisdictional risk review of high-risk child welfare cases. This process continues to enhance cross-jurisdictional working relationships and identifies systems issues common to both jurisdictions.

- **Sexual Abuse Professional Practices**

The Sexual Abuse Professional Practice team (SAPP) was formed by the Department of Family Services in February 2001 to develop standardized intervention practices and to enhance the quality of services provided to children and families who have experienced sexual abuse. This includes families in which children were sexually abused by an adult in a caretaker role, as well as families of juvenile sexual offenders. The cross-program team includes staff from Child Protective Services, Foster Care and Adoption, Family and Child Services, and Adult and Aging Services. By developing a cross-program team, the SAPP team seeks to ensure that families receive consistent and uniform case management services.

In 2004, the SAPP team initiated, designed and facilitated groups to address the needs of families in which sexual abuse occurred including a group for the siblings of victims of sexual abuse, a support group for non-offending mothers whose husband/paramour sexually abused one of their children, and a group for parents of juvenile sexual offenders. The SAPP team initiated the groups after recognizing that these groups of clients had special needs requiring additional support.

Fairfax County CPS social workers are recognized as national experts and have been invited to present the SAPP team concepts at several national conferences.

- **Early Intervention Referrals**

Many young children served by Child Protective Services are identified as having developmental delays and needing services. The federal Child Abuse Prevention and Treatment Act (CAPTA), signed into law in 2003, requires that states develop procedures to assure that all children ages newborn to three years who are involved in a substantiated case of abuse/neglect are referred to early intervention services. These early intervention services are funded under Part C of the Individuals with Disabilities Education Act (IDEA) and are provided locally under the Mental Health Division of the Community Services Board. Fairfax County CPS staff worked with Early Intervention Services to develop and implement local procedures for referring these children for services. The CPS program is leading an initiative to help front line staff to develop the capacity to recognize developmental delays in newborn children to three years of age. This initiative includes trainings, publications, videos and screening tools provided to judges, lawyers, social workers, foster parents, court staff, mental health staff, and private providers.

Program Statistics

- **Child Protective Services Hotline**

Social workers on the CPS Hotline receive reports of alleged abuse and neglect by phone, in person, or through other county agencies. Hotline social workers request specific information about the alleged abuse or neglect, assess the information, and determine

whether the situation meets the criteria for CPS intervention. If the situation meets the state's definition of abuse or neglect, the complaint is assigned to a CPS social work investigator or assessment social worker.

Telephone Calls to the CPS Hotline/Helpline

FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY2004
16,836	16,326	24,001	30,879	31,749	35,430

Increased calls in FY 2001, and subsequent years, resulted from the change to a more accurate automated call system and reflect an increase in citizens reporting incidents, requesting help, and needing information and referrals.

- **CPS Investigations and Assessments**

Social workers in CPS are responsible for investigating or assessing allegations of child abuse and neglect and providing needed short-term services. They visit the site where the alleged abuse occurred, interview the alleged victim, alleged perpetrator and other relevant witnesses, assess the situation, determine the needs of the family, ascertain whether abuse or neglect occurred (investigations only), and provide appropriate services.

In May 2002, Fairfax County implemented the differential response system. It allows flexibility in responding to reports of abuse and neglect by taking into consideration the severity of the report, immediacy of child safety concerns, and the family's needs.

The family assessment response shifts CPS intervention from an incident focus to a service delivery focus that supports parents in meeting their children's safety and developmental needs.

CPS Complaints per Year

FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY2004 *
2,797	2,521	2,427	2,302	2,022	2,310

*Of the 2,310 complaints made to the hotline 22% (493) were investigations; 77% (1,779) were family assessments; and 1% (38) were courtesy interviews for other child protective service agencies.

- **Ongoing Treatment Services**

Social workers in CPS Ongoing Treatment Units are responsible for providing ongoing services in serious situations where the child remains in the home and may be at risk for future abuse or neglect. Approximately 84 percent of these cases involve court-ordered monitoring of families experiencing serious child abuse, neglect or sexual abuse.

In these cases, social workers conduct safety and risk assessments – focusing on factors related to the child, parent and family environment; maltreatment; and intervention. Many of these families have multiple problems and are involved with multiple service providers.

Social workers from the Ongoing Treatment Units collaborate with the family and service providers to develop specific interventions to address the needs and goals of the family.

Strategies are put into place to reduce risk and increase safety for the child. For example, families experiencing substance abuse are referred for assessment and treatment through the county's alcohol and drug services, and families experiencing mental health issues are referred to assessment and treatment through local mental health providers. Families who do not speak English are referred for services to a bilingual and, whenever possible, bi-cultural provider.

**Average Number of Families Receiving
Ongoing Treatment Services Each Month**

FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY2004
289	289	280	292	225	219

A factor contributing to the drop in the average number of families served over the past few years was a realignment of responsibilities which moved a number of cases to another program area.

ISSUES/TRENDS

Increased Workload Requirements of SDM

Contact between social workers and families is critical to ensure successful outcomes for children. The type and amount of contact is guided by the new Structured Decision-Making (SDM) risk assessment tool. New state standards will significantly increase the requirements for contact between social workers and families, particularly in those situations where children are living with relatives. Based on an initial review of the number of cases, the level of risk, and the required standard of contact, the program faces significant challenges in meeting this requirement without additional state-provided resources. The CYF Division continues to examine this issue internally, as well as to work with the state to ensure that the needs of all children and families are met.

Children, Youth and Family Division
FOSTER CARE AND ADOPTION SERVICES

Foster care is the provision of substitute care and rehabilitative services for children temporarily separated from their parents. Foster care can be provided until a child is returned to the family or placed in an adoptive home or other permanent living arrangement. Children may be placed in a variety of settings including foster homes, group homes, hospitals and residential treatment facilities.

Adoption services include counseling to birth parents and preparing for and placing a child into an adoptive home when efforts to reunite the child with his or her birth family are unsuccessful. Support in the form of subsidy payments, therapy, and other social services is provided to adoptees and adoptive parents before and after an adoption is finalized.

Foster care and adoption services are mandated by:

- The Federal Adoption and Safe Families Act (ASFA) of 1997, which seeks to decrease the time it takes to achieve permanent placement plans for children in foster care and to increase adoption and other permanent placements.
- Virginia's Court Improvement Legislation of 1997, which follows federal mandates to ensure the review of each child in foster care every six months and the achievement of a permanent plan within 14 to 20 months of entry into foster care.

INITIATIVES/PROGRAM HIGHLIGHTS

Foster Care

- **Steady Number of Children in Foster Care**

The following charts highlight the number of children entering foster care and the monthly average number of children in foster care over the past six years:

Number of Children Entering Foster Care

FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
239	207	200	186	177	202

Monthly Average Number of Children in Foster Care

FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
617	571	507	496	475	478

The fastest growing group of children in foster care is Hispanics. In 2001, 10 percent of the children served during the year were Hispanic, compared to 19 percent during 2004. Of all the children who entered foster care during 2004, 35 percent were Hispanic. This percentage is nearly three times the percentage (12.3) of the county's Hispanic population in 2003.

There was a dramatic reversal of data in 2004 for African-American children entering foster care. During 2004, 28 percent of the children entering foster care were African-American. In the previous six years, the percentage ranged from 40 to 47. At the end of 2004, African-Americans comprised 51 percent of the foster care population.

A significant trend is that the children in foster care are getting older. In 2000, 48 percent of the children entering foster care were newborn to age five, while only 34 percent of the children in 2004 were in the same age range. In 2000, 21 percent of the children entering foster care were ages 13 to 18; in 2004, the same age group comprised 37 percent of the children entering foster care. This trend points to the need for more placement and independent living resources to serve older children, as well as the need to provide greater access to psychiatric and delinquency prevention services.

Average Age (in years) of Children in Foster Care as of June 30th

FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
11.47	11.77	11.91	12.18	12.23

Until 2004, there had been an eight year trend of children exiting foster care at a greater rate than those entering foster care. This changed in 2004 when the number of children entering foster care (202) was 10 more than those exiting foster care (192); however, many more children in 2004 exited foster care quickly – within five days of entering foster care. In 2004, 25 percent of the children entering care exited within five days, compared to 10 percent the previous year.

Of the 192 children who exited foster care during 2004:

- 38 percent were returned home.
- 17 percent were placed in the custody of relatives.
- 23 percent were placed for adoption.

The remaining 22 percent exited for reasons such as turning 21 years old or refusing to remain in foster care after turning 18.

• **Independent Living Services**

As of June 30, 2004, 158 (33 percent) of the children in foster care were age 16 or older. Older youth in foster care often have severe emotional or behavioral difficulties requiring expensive, long-term residential treatment. Adolescents, especially those who are in care for a number of years, face numerous challenges in becoming self-sufficient adults once they leave the foster care system. Without proper services, these youth are at risk of homelessness, unemployment, incomplete education and untreated illnesses. All youth in foster care between 16 and 21 may receive a range of services to help them transition to independent living such as career and employment counseling, work training programs, supervised apartment living, educational coaching and the support of mentors. The Department of Family Services operates a mentor program for teens and also provides mentor foster homes for those older, more responsible youth who need support rather than parenting. Each youth is encouraged to remain in foster care past his or her 18th birthday so they may continue to receive the services necessary to obtain an education and establish a support network.

- **Strategies to Facilitate Permanency Planning for Children in Foster Care**

The goal of foster care is to safely return the child home or to place the child permanently in another home, such as a relative's or an adoptive family's. This process, called permanency planning, must be completed, in most cases, within the 14- to 20-month timeframe established by federal and state legislation.

The department is implementing the best practice of concurrent planning to facilitate timely permanency planning. It is used for children whose prognosis for returning home is poor. Concurrent planning is the process of working toward family reunification while, at the same time, developing and working toward an alternative permanent plan. Birth parents are involved in identifying the best permanent placement plan, should the child not be able to return home within the allowable timeframe. The alternate plan is written into the child's service plan and is approved by a judge.

Fairfax County was the first and only jurisdiction in Virginia to formally practice concurrent planning in 2002. As a forerunner in this area, the department serves as a consultant to the Virginia Department of Social Services, and other local jurisdictions, on their implementation of concurrent planning.

- **Foster and Adoptive Home Recruitment and Training**

Ongoing Recruitment and Retention Efforts – Ongoing recruitment and retention of foster/adoptive families is critical in building and maintaining a pool of families. This area remains a challenge, both locally and nationally. In spite of significant efforts, the Fairfax County pool declined by 13 homes in 2004.

Cultural Diversity in Foster Care Homes

Race/Ethnicity	189 Foster Families as of 12/31/03	176 Foster Families as of 12/31/04		468 Children in Foster Care as of 6/30/03	479 Children in Foster Care as of 6/30/04
Caucasian	64%	60%		30%	26%
African-American/Bi-Racial	27%	29%		53%	51%
Hispanic	6%	6%		14%	21%
Asian	3%	5%		3%	2%

The proportion of African-American and Asian foster homes increased slightly during 2004. The department works to increase the cultural diversity of foster homes through culturally sensitive recruitment efforts and partnerships with community organizations, businesses, and places of worship. Using federal pass-through funding, the department contracted with a marketing consultant to assist in the development of a strategic recruitment plan that targets certain neighborhoods and media channels for reaching minority foster/adoptive families.

The training and home study process for foster and adoptive parents remains state-of-the-art. The department uses the competency-based Parent Resources Information Development Education (P.R.I.D.E.) training program developed by the Child Welfare League of America.

Pre-service and in-service training efforts are supported by a federal Title IV-E pass-through grant. The department requires each foster parent to participate in a minimum of six hours of in-service training per year on topics such as effective discipline intervention techniques, developing “life books” with children, the effects of chemical dependencies on neonatal development, and helping children build positive attachments.

As of January 2002, most families were dually licensed as foster and adoptive parents. These families are called “resource families” and are an important part of the practice of concurrent permanency planning. A resource family accepts a child into their home as a foster care placement and supports the goal of returning home while making a commitment to adoption. Early placement of a child into a resource home promotes healthier attachments and placement stability for the children.

Kidsave Fairfax Initiative to Increase Adoptive Homes for Hard-to-Place Children – In fall 2003, the department entered into a partnership with Kidsave International, a Washington, D.C., and Los Angeles based nonprofit corporation, to test a new model for finding permanent homes for older, hard-to-place children who are in the foster care system. This initiative is modeled after the Kidsave International Summer Miracles Program, which found adoptive homes over the past six years for nearly 1,100 children from Russian and Bolivian orphanages.

The local program, Kidsave Fairfax Weekend Miracles, provides children, who have adoptive plans, with the opportunity to spend a series of weekends with host families who advocate finding families for them. The goal of the program is to enable families to meet adoptable children through weekend visits with volunteer “host families,” to introduce children to families who might be interested in adopting them, and to find each child who desires to participate in the program a permanent family or a lasting relationship with a mentor or other caring adult. The focus of the activities of the initiative is predominantly in the African-American community because more than 85 percent of the Fairfax County children waiting for permanent families are African-American.

During the past year, important groundwork was laid to support this initiative. Kidsave Fairfax formed partnerships with the Northern Virginia Urban League and the Fairfax County Chapter of the NAACP to promote the children and to reach potential volunteers. Four host families and five mentors were trained. Children are getting prepared to participate in weekend visits in host families and take part in special events where potential host families, mentors and adoptive parents can meet them. One child started working with a mentor and begins weekend visits with a host family in early 2005. In December 2004, the Freddie Mac Foundation awarded a grant in the amount of \$98,500 for Kidsave Fairfax.

- **Revenue Sources for Services to Children in Foster Care**

The department continues its ongoing efforts to maximize federal entitlement programs and child support to offset child welfare expenditures. The proportion of children in foster care eligible for federal Title IV-E dollars (with eligibility determined by family income, family composition and other factors) was 56 percent for 2004, an increase of two percent over 2003.

In 2004, the average monthly percentage of children in foster care who received Supplemental Security Income (SSI) and other Social Security benefits was 19 percent, compared to 21 percent in 2003, and 18 percent in 2002. In 2004, the average percentage of children in foster care with a child support order was 75, a one percent reduction from 2003.

Adoption

- **Finalized Adoptions**

As of December 31, 2004, there were 95 children in foster care with the goal of adoption. This number represented 21 percent of the children in foster care. The 43 finalized adoptions during 2004, represents 22 percent of the children who exited foster care during the year.

Finalized Adoptions – Fairfax County Foster Care Youth

FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
49	67	63	50	46	27	43

- **Child Placement and Adoptive Home Recruitment Efforts**

The department approved 35 families as adoptive families during 2004. As of December 2004, the department had 23 children waiting for identification of an adoptive home, compared to 31 children waiting at the end of 2003. The children who wait the longest for adoptive placement tend to be African-American, male, and school-aged. They may have educational delays, behavioral or psychiatric problems, a history of sexual abuse, and/or medication needs. Recruitment efforts on behalf of children awaiting adoptive placements include presentations at community fairs, town meetings, churches, businesses, and social organizations. Partnerships established with faith-based organizations in all regions of the county enable the department to conduct orientations and training in the community and to participate in events hosted by those organizations to raise awareness about adoption.

- **Increase in Children Receiving Subsidized Adoption Services**

Families who adopt children with special mental, emotional and medical needs are entitled to receive ongoing casework support from the department, as well as federal and state financial assistance to enable the permanent placement of these children. Support includes home-based services, counseling and treatment, child care, health and education services, respite care, transportation services, and quality assurance for services received. The number of post-final order subsidy cases continues to grow as the adoptions of children are finalized, because most children are eligible to receive assistance until age 21.

Active Adoption Subsidy Cases (Post-Final Order)

FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
336	394	437	496	520	522	551

Numbers are the total at the close of each fiscal year.

ISSUES/TRENDS

Cultural Diversity of Foster and Adoptive Parents

Efforts will continue to recruit foster and adoptive families that reflect the cultural diversity of the children in foster care. Partnerships with community organizations and businesses are an important aspect of this effort. African-American and Hispanic families are particularly needed. Marketing strategies will be used in this effort.

Length of Time to Achieve Adoption

The median length of time in foster care for all children in the system at the end of 2004 was 2.06 years, compared to 3.22 years for children leaving foster care for the purpose of adoption during 2004. The length of time to achieve adoption is a national concern. It is a goal of the program to decrease the length of time it takes to achieve adoption by continuing to streamline the adoptive home study process through strengthening the practice of concurrent planning, by finding permanent homes through the Kidsave Fairfax Weekend Miracles initiative and by addressing the delays in obtaining termination of parental rights caused by protracted court appeals at the Circuit Court level.

Children, Youth and Family Division FAMILY AND CHILD SERVICES

Family and Child Services programs are designed to improve family functioning and increase self-sufficiency in families who are at moderate to high risk of child abuse, neglect or family dissolution. These families may struggle with a number of complex issues that destabilize the family structure, such as family violence; poor parenting; substance abuse; mental or physical illness; and/or homelessness. This program area is responsible for completing home studies and providing homeless shelter and transitional housing services. Also included in this program area is the emergency assistance funding for the agency.

INITIATIVES/PROGRAM HIGHLIGHTS

- **Intensive Services**

Helping families is the focus of Intensive Services. Social workers work with families who are referred to them by such agencies and groups as Child Protective Services (CPS); Foster Care; Public Schools; Department of Systems Management for Human Services- Coordinated Services Planning (CSP); Fairfax Area Christian Emergency and Transition Services (FACETS) and other human services providers.

Social workers provide an array of services to families: comprehensive assessment; case management; counseling; parent training and education; linkage to other services; monitoring of purchased services; life skills training; court-ordered home studies; and protective supervision. Judges generally order protective supervision when they deem a case situation may need additional court support and oversight to ensure success.

Family and Child social workers provide protective supervision to families whose children are returned to them from foster care and to families who have a child or children in foster care and have other children residing with them. The social workers partner with the families in meeting the requirements of the court order.

In 2004, 80 percent of the families served by Family and Child Services social workers demonstrated improvement in family functioning and well-being after receiving intensive services. This conclusion was reached by comparing the scores on an assessment instrument, which was completed at the beginning of services and again at case closure. The assessment instrument measures change in various life domains: parent-child relationships, partner relationships, mental and physical health, financial situation, housing and level of community support.

Families Served by the Family and Child Program

	FY2000	FY2001	FY2002	FY2003	FY2004
Monthly Average # of Families Served	264	271	245	297*	333
Monthly Average # of children in families	**	598	544	632	703

*In FY 2003 and thereafter, the number of families served includes those in “assessment” phase; those families may not have cases officially opened for services, but are working with a social worker.

**Social workers began counting number of children served in FY2001.

Note: Almost 40% of the families served speak a language other than English in the home; approximately 70% of those families speak Spanish.

- **Family Group Conference Initiative**

In 2004, the Children, Youth and Family Division reintroduced a Family Group Conference Program to the department. It is based on a model in which family members, friends, community service providers and others join together to strengthen the family and support parents in developing a protection and care plan for their children. Respect for the family’s cultural traditions and beliefs is integral to the process.

Family group conferencing is rooted in the belief that a great deal of family wisdom can be brought together to help a family; that solutions families generate are more likely to fit the family; that a plan imbedded in a family’s culture and history will be more likely to succeed; and that a family will be invested in a plan in which they are full partners in the decision-making process.

The Family Group Conference coordinator, a member of one of the Family and Child units, worked with a steering committee to redevelop and strengthen the program. Children, Youth and Family social workers make referrals to the coordinator when it is determined children are at imminent risk of being removed from their homes, or when a safe plan must be developed so children can be returned to their homes from foster care.

The coordinator spends a significant amount of time, prior to the conference, preparing the attendees for their involvement. The coordinator also facilitates the conference and provides follow-up to determine if the family's plan to care for their children effectively meets their needs.

A conference is deemed successful when the family has developed a plan that addresses the issues which placed the child at risk of removal. The plan may include identifying and offering support services to the family so the children can remain with, or be returned to their parents; or identifying family members and others who are part of the children's lives who are willing to assume responsibility for the care and nurturing of the children.

- **Homeless Services**

Shelters – In 2004, Fairfax County homeless shelters, which are operated by community non-profit organizations, served 2,576 people – including 125 families with children for a total of 382 people. Reston Interfaith operates the Embury Rucker Shelter, which serves both individuals and families. New Hope Housing operates Eleanor Kennedy (adults) and Mondloch II (families). Volunteers of America operates the Bailey's Shelter (adults), and Shelter House, Inc., operates Shelter House (families). Of the unaccompanied adults in shelters, 82 percent have a mental illness and/or a substance abuse problem.

Total Number of Homeless Persons Served in the Emergency Shelter System

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
Individuals	1,552	1,751	1,916	1,788	2,194
Persons in Families	547	417	510	498	382
Total	2,099	2,168	2,426	2,286	2,576

Motels – When space is not available at the county-funded shelters, and no other housing alternatives exist, homeless families with children are served in motels. In addition to DFS, various community partners work together to provide services to families while they wait for placement in the shelter. They are Family Shelter staff, Coordinated Services Planning staff, and Fairfax Area Christian Emergency and Transition Services (FACETS).

Motel expenditures have been controlled since 2002 by imposing a cap of 19 rooms per night. Fairfax County Department of Family Services staff negotiated a reduction in room rates at the motels, which also produced a savings and helped keep motel expenditures within budget. Additionally, in October 2002, FACETS expanded its services to provide outreach and case management to families on the shelter waiting list who are living with friends or family in overcrowded, stressful living arrangements.

Homeless Persons in Motels

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
Number of Families	204	192	180	131	131
Number of Persons	709	724	647	431	381

County/Community Homeless Provider Collaboratives – In 2004, DFS continued to facilitate meetings with the shelter directors, Fairfax-Falls Church Community Services Board (CSB) managers and other service providers who work with the homeless to enable a comprehensive approach to addressing the needs of the residents in the shelters. These meetings focused on information sharing, policy development and problem resolution. During 2004, the CSB expanded psychiatric services to adult residents at Embry Rucker and Bailey’s Crossroads Shelters, in addition to continued services at the Eleanor Kennedy Shelter. With a psychiatrist at the shelters, greater services are available and persons with mental illness are more willing to accept psychotropic medications.

The Family Shelter Policy and Best Practice meeting, held quarterly, includes family shelter directors and staff, as well as representatives from DFS, Coordinated Services Planning, Fairfax Area Christian Emergency Transitional Services (FACETS), Department of Housing and Community Development (HCD), Fairfax County Public Schools, and nonprofit organizations that provide case management services to transitional housing programs. This group continues to address policy and practice issues and serves as an information sharing forum for providers who work with homeless families.

The Fairfax-Falls Church Continuum of Care (CoC) is in the process of implementing a countywide homeless data collection and tracking system pursuant to a directive from the U.S. Department of Housing and Urban Development (HUD). The objectives of this system, when fully operational, are to enhance connectivity among providers of homeless services; provide an unduplicated count of homeless persons in the county; and identify how they enter the system, the services they use, and the effectiveness of services and assistance. During 2004, the shelter staff received training in the Homeless Management Information System (HMIS).

Also during 2004, at the directive of the Board of Supervisors, the Health Care Advisory Board established a Special Committee on Medically Frail Persons to conduct a review and analysis of services to this population. The committee, which consisted of county and community homeless providers, completed its work in late 2004 and published its recommendations in a report titled “Finding a Place to Heal: Homeless and Health Care in Fairfax County.”

Transitional Housing – The department continued to administer two transitional housing HUD grant programs – the Community Housing Resource Program (CHRP), and Reaching Independence through Support and Education (RISE). The department’s nonprofit partners (Northern Virginia Family Service, Reston Interfaith, Shelter House, United Community Ministries and New Hope Housing) operated these programs which provide support services to high-risk, formerly homeless families in scattered-site, community-based housing. All programs received approval for renewed one-year funding by HUD.

During 2004, 23 families successfully completed the transitional housing program – meaning they transitioned into permanent housing - often with the help of housing programs such as the Housing Choice Voucher and Public Housing.

Emergency Assistance – Emergency assistance provides eligible families and individuals with a grant or loan to help with rent or mortgage, security deposits, utility payments, and

storage or moving expenses. The Department of Systems Management for Human Services (DSMHS) is responsible for completing the screening process for emergency assistance and accessing the funds to assist families and individuals in need. They are the primary screeners for emergency assistance funds, although DFS social workers continue to access these funds for families and individuals with whom they work. Family Services and DSMHS continue to work together to manage emergency assistance expenditures.

During 2004, 374 households received emergency assistance.

ISSUES/TRENDS

- **Lack of Affordable Housing**

The lack of affordable housing in Fairfax County remains a serious problem and a significant stressor on low-income families, making it more difficult for them to remain stable and meet the needs of their children. There continue to be significant waiting lists for Housing Choice Vouchers (Section 8) and public housing, permanent supportive housing and other support services programs.

While awaiting a Housing Choice Voucher or public housing, families have limited options available to them – living in unaffordable or sub-standard housing, doubling-up with others, and homelessness. The waiting list for the family shelters averages more than 50 families throughout the year. The Katherine K. Hanley West County Shelter, which is scheduled to open in fall 2006, will have space for 20 families.

In 2004, U.S. Department of Housing and Urban Development instituted a monetary cap on the cost of the Housing Choice Voucher Program, based on 2003 expenditures. In past years, Fairfax County was guaranteed reimbursement for the entire cost of the program. As a result, the county's Department of Housing and Community Development is considering various options to deal with this cut in funding.

There continues to be a lack of permanent supportive housing to serve persons with serious mental illness and/or chronic substance abuse. This results in longer lengths of stay in the shelters and less capacity to provide emergency shelter. The Single Room Occupancy (SRO) Task Force, a group of public and private sector homeless providers, developers and advocates has been meeting for two years and will publish its recommendations related to this issue in spring 2005.

- **Domestic Violence**

Domestic violence is a devastating social problem that impacts every culture and social group. Traditionally, services targeted adult victims of abuse until recently when increased attention has been focused on the children who witness domestic violence. Studies estimate 10 to 20 percent of children are at risk of exposure to domestic violence. (National Clearinghouse on Child Abuse and Neglect Information/August, 2003). <http://nccanch.acf.hhs.gov>. A national survey of more than 6,000 American families found that 50 percent of the men who frequently assaulted their wives also frequently abused their

children (Family Violence Prevention Fund). These statistics are considered by many to be an underestimate of the issue.

Children who live with domestic violence face increased risks – the risks of exposure to traumatic events, neglect, being directly abused, and of losing one or both of their parents. All of these can affect a child's well being, safety and stability. Additionally, the U.S. Advisory Board on Child Abuse suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in this country.

Although Fairfax County has an array of services for victims and their families, the services are not collaborative or coordinated, and gaps in services exist. In particular, the Domestic Violence Coalition (now called the Network Against Family Abuse or NAFA) identified as a priority focusing on the needs of the children who witness domestic violence. Through the establishment of the Domestic Violence Policy and Coordinating Council, and the hiring of a Domestic Violence Coordinator to provide support to the council, Fairfax County is establishing the framework necessary to enhance and improve services to victims and their families.

In establishing a Domestic Violence Specialist position, DFS strengthens its role as a partner in the network of domestic violence services. As the specialist collaboratively develops the department's response to domestic violence, she will weave the needs of the children into the array of strategies that DFS adopts to address this destructive social problem.

Children, Youth and Family Division

CHILD ABUSE PREVENTION SERVICES

Throughout the Children, Youth and Family Division, services are focused on strengthening families and preventing abuse and neglect. In Child Abuse Prevention Services, specific programs were developed to enhance the division's prevention efforts.

Child Abuse Prevention Services support families, particularly those at risk of child abuse or neglect, through community-based, family-focused prevention and early intervention services. They are important because the long-term effects of child abuse and neglect can be serious and long-lasting. These can include lowered academic achievement, increased risk of drug use, teen pregnancy, juvenile delinquency and adult criminality. These consequences incur huge costs to society through lost productivity and expenses for mental health and substance abuse treatment programs, police and court interventions, correctional facilities and public assistance programs. Investing in prevention programs is cost effective. With a relatively small outlay up-front, expenditures for expensive rehabilitative services for children and families can be reduced or avoided.

INITIATIVES/PROGRAM HIGHLIGHTS

Although there has been a focus on prevention in this department for many years, the emphasis on prevention statewide and across county human services agencies is increasing. In June 2004, Virginia's Commissioner for Social Services requested that staff from the Virginia Department of Social Services and the nonprofit organization Prevent Child Abuse Virginia join together to kick off a series of focus group sessions to get broad-based input into the Commonwealth's first statewide strategic plan for child abuse and neglect prevention. At the local level, county human services and school decision-makers formed a Prevention Leadership Committee. The committee is made up of agency staff charged with increasing cross-agency, school and community cooperation in developing and delivering prevention services. Family Services staff took leadership roles in both efforts.

In its regular, ongoing work, five primary strategies are utilized in Child Abuse Prevention Services: one-to-one education of family members; group-based parenting education conducted at community sites, such as schools and churches; drop-in, neighborhood-based service delivery and coalition building to improve family and community conditions; community-wide public education and awareness initiatives; and engaging the community by involving volunteers and donors in child welfare programs, as described below:

- **One-To-One Education and Support of Families/Family Members**

Healthy Families Fairfax and mentoring programs provide one-to-one education and support of families and their members.

Healthy Families Fairfax is a home-based early intervention and prevention program offering first-time parents at risk of maltreating their child an opportunity to learn parenting skills and receive emotional support and case management services. Key objectives of the program are: promoting positive parent-child interaction; promoting healthy child development in early childhood; preventing child abuse and neglect; providing pre- and post-natal health care; promoting healthy family functioning by teaching parenting and problem solving skills; and reducing family stress by improving the family support system.

Healthy Families Fairfax is supported through a partnership among DFS, the Fairfax County Health Department and three nonprofit organizations – Northern Virginia Family Service, UCM-Community Solutions and Reston Interfaith. In addition, program support comes from contributions from corporate and foundation donors, including a continuing contribution from the Freddie Mac Foundation.

During 2003 and 2004, discussions were held with staff at Fairfax Hospital to determine ways Healthy Families Fairfax and other parenting services could be offered to vulnerable new and expectant parents who give birth at the hospital. A coalition of parenting support programs from the counties of Fairfax, Arlington, Loudoun, and Prince William, as well as the City of Alexandria was formed and a concept developed to create and pilot an integrated assessment and service referral system known as "Beginning Steps." The short-term results from February to December 2004, are as follows: 194 Fairfax County residents were referred to Beginning Steps; 111 of those were reached for follow up, chose to be assessed to determine their need for services and

were offered assistance through a variety of resources; 20 were assessed to have high risk for abuse and neglect; and nine voluntarily enrolled in the Healthy Families program.

In 2004, Healthy Families Fairfax was re-evaluated by Healthy Families America to determine how well the program is meeting standards for accreditation. Such a review occurs every four years. Preliminary feedback from the site visit was excellent. Areas needing attention in 2005 are: case/service documentation, refinements of program policies and procedures, and more accurate records of training attended by staff.

Healthy Families Fairfax

	FY 2001	FY 2002	FY 2003	FY2004
Number of families served	534	604	649	671
Number of children served	337	391	449	707*

*Until FY04, the number of children served was being tabulated differently than the number of families. In FY04, a more accurate method of calculating children served was established. This new process captured children served throughout the year.

Mentoring - Children or parents who are clients of the department and would benefit from one-to-one mentoring are referred to receive 8 to 10 hours per month by trained volunteers. Through the BeFriend-A-Child or BeFriend-A-Parent mentoring programs, volunteers provide role modeling, companionship, support, guidance and advocacy. Mentors help children develop the “protective capabilities” that come from positive self-esteem, having hobbies and interests, decision-making skills and a sense of responsibility. Those who mentor parents role model parenting competence and good coping skills. BeFriend-A-Parent goals include increasing parent self-esteem, decreasing stress and isolation, and helping parents rely less on their children to meet their emotional needs.

Mentoring

	FY 2001	FY 2002	FY 2003	FY 2004
# of parents served (BAP)	N/A*	8	15	12
# of children served (BAC)	55	60	69	76

* The Befriend-A-Parent program began in FY2002.

- **Group Based Education and Support**

Two programs provide group-based education and support: the Nurturing Parenting Program and the Good Touch, Bad Touch® Program. Information about these programs and others is available to the public on the DFS parenting resource webpage at www.fairfaxcounty.gov/service/dfs/ParentingResource/default.htm

The Nurturing Parenting Program is a structured group and educational experience for parents, adolescents and children. Group sessions are offered in English and Spanish. The program addresses parents’ needs for nurturing and teaches positive parenting skills. Each session includes concurrent, parallel lessons for their children. The curriculum

helps participants develop empathy, increase self-awareness, promote responsible behavior in children and establish developmentally appropriate expectations of children.

This past year, the program's capacity to offer groups was maintained thanks to partnerships established with coalitions of faith groups in the Springfield, Mount Vernon and Reston areas of the county. The faith groups coordinate among themselves to provide space for parenting classes, meals for the families who are attending evening classes, and volunteers to be trained to facilitate classes and child care.

Beginning in 2004, two new versions of the Nurturing Program curricula were piloted – a substance abuse curriculum to address parenting and the affects/prevention of substance abuse, and a curriculum designed to be culturally appropriate for African-American parents. These groups will be completed and evaluated for their effectiveness in 2005.

Nurturing Parenting Program

	FY 2001	FY 2002	FY 2003	FY 2004
Number of families served	94	145	152	197
Number of parents served	122	194	199	265
Number of children served*	153	229	226	335
Number of children served in child care	N/A**	48	61	75
Number of groups held***	12	15	15	19

*Number of children served includes young children and adolescents.

**Children served in child care were not included in count prior to FY 2002.

*** Three groups were held in Spanish in FY 2001, four in FY 2002, three in FY 2003, and five in FY 2004. All others were in English.

Good Touch, Bad Touch® is a comprehensive child abuse prevention curriculum to teach pre-school and kindergarten through 6th grade students the skills that play a major role in preventing or interrupting child abuse/sexual abuse in their own lives. Children are taught the definition of child abuse; are given prevention skills, including personal body safety rules; and are motivated into action if threatened. Last year was the first year the program was offered by DFS staff. In 2004, two groups were held. Based on pre- and post-tests, participating children showed a marked increase in their understanding about how to protect themselves from harm.

Good Touch, Bad Touch®

	FY 2001	FY 2002	FY 2003	FY 2004
Number of children served*	N/A	N/A	N/A	14

*FY 04 was the first year for the program (two groups were conducted.)

- **Neighborhood-Based Organizing and Coalition Building to Improve Family and Community Conditions**

Two programs that promote neighborhood-based organizing and coalition building are the Family Resource Centers and Neighborhood Networks Programs.

Family Resource Centers offer culturally sensitive, prevention-focused programs. The primary goal is to strengthen families in their own neighborhoods by providing parents with opportunities to learn and improve their skills in raising and nurturing their children. Together with multiple county agencies, community organizations and volunteers, DFS provides staff and programs for four Family Resource Centers.

**Family Resource Center Drop-In Visitors and
Program Participants (duplicated count)**

Site	FY 2001	FY 2002	FY 2003	FY 2004
Culmore	8,242	13,809	12,163	13,678
Springfield	8,418	14,535	13,606	16,260
Lorton	1,800	2,171	3,362	4,519
Crestwood	N/A	N/A	4,130*	8,654*
Total	18,460	30,515	33,261	43,120**

Note: The increase in program participants from FY 2001 to FY 2002 at the Springfield Resource Center was a result of an increase in numbers at the Alcoholics Anonymous (AA) group and an improved process for tracking drop-ins, particularly those in the AA group. The increase at the Culmore Center from FY 2001 to FY 2002 was a result of program growth and improved data tracking abilities by Culmore United, a drop-in alcohol and drug abuse prevention program for men.

*The Crestwood Family Resource Center was in operation for part of the year in FY2003 and the entire year in 2004.

** Outreach to the community about center resources and some additions to programming helped increase the numbers of drop-ins at all centers between FY 2003 and FY 2004.

Neighborhood Networks (NN) is a collaboration between DFS and Fairfax County Public Schools. Families nominated by the schools for this program are strong families who are committed to good parenting and stability and encourage their children to work for a better life. Working with school counselors, social workers, teachers, and school staff, families are educated about, and connected to, support systems. In 2004, Weyanoke Elementary School formed a new partnership with Neighborhood Networks, joining the five existing partner elementary schools – Riverside, Dogwood, Woodlawn, Woodley Hills and Terraset.

Neighborhood Networks

	FY 2001	FY 2002	FY 2003	FY 2004
Number of children served	43	58	69	101
Number of families served	12	16	21	28
Number of partner schools	3	3	5	6

- **Engaging the Community through Public Awareness and Education**
Two groups educate professionals and the public about child abuse and neglect prevention: the Early Intervention Strategy Team and the Blue Ribbon Campaign Committee.

The Early Intervention Strategy Team (EIST) was established in November 1996 to address the disproportionate representation of young African-American children in the Fairfax-Falls Church area needing out-of-home services. The team was charged with identifying reasons for this disproportionate representation and developing individual, family, school, and community early intervention strategies for working with at-risk African-American children and their families. The EIST incorporates small group dialogue and engages frontline workers in learning from their own and others' experiences. The anticipated outcome of EIST offerings is that service providers integrate awareness of the African-American culture and early intervention philosophy into their service delivery.

Blue Ribbon Campaign Committee – This public education effort, led by DFS and chaired by a staff person in Child Abuse Prevention Services, involves other county agencies, schools, community organizations and businesses in promoting community-wide awareness about how to prevent child abuse and neglect. Details about the committee's 2004 activities are contained in the Children, Youth and Family Division overview on page 11.

- **Engaging the Community by Involving Volunteers and Donors in Child Welfare Programs**

Two programs are specifically designed to involve volunteers and donors in child welfare programs. **The Volunteer Services Program** promotes and supports the well-being of families and individuals in the community by providing trained and dedicated volunteers to work with the division's programs and the families they serve. **The CYF Family Donor Program** accepts donations from businesses, community organizations and individuals for children and families in child welfare programs who need clothes and other essentials.

Donor Contributions

	FY 2001	FY 2002	FY 2003	FY 2004
Value of donations	\$264,834	\$283,426	\$252,404	\$299,051
Total number of donors	141	153	194	213

ISSUES/TRENDS

- **Healthy Families - Diversity of Enrollment**

Since its inception, most referrals to the Healthy Families Fairfax program have come from the Fairfax County Health Department. In 2004, more than 80 percent of the families served were of Hispanic origin. While services to these families are needed and are to be continued, strategies are being explored to diversify the program's client base so it will be effective community wide.

Department of Family Services
SELF-SUFFICIENCY DIVISION

The Self-Sufficiency Division administers and operates several federal, state and local public assistance and employment programs. Public assistance programs provide financial and medical assistance to eligible low-income individuals and families. Employment programs, provided under contract with the Northern Virginia Workforce Investment Board (NVWIB), assist employers and job seekers in meeting their workforce or employment needs. Programs in the Self-Sufficiency Division include:

- Temporary Assistance to Needy Families (TANF).
- Virginia Initiative for Employment not Welfare (VIEW).
- Medicaid.
- Food Stamps.
- Workforce Investment Act (WIA) -- Adult, Dislocated Workers and Youth Services.
- Other grant-funded employment and training programs.

PUBLIC ASSISTANCE/WELFARE REFORM PROGRAM HIGHLIGHTS

Demand for public assistance programs is traditionally an indicator of human need within the county. Public assistance caseloads declined considerably following implementation of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996. However, beginning in FY 2001, this trend was reversed, with Food Stamps, Medicaid and TANF caseloads increasing approximately 36.6 percent, 52.7 percent, and 27.9 percent respectively by FY 2004. This trend is likely to continue, because the increases were not triggered exclusively by economy-related factors, but have occurred as a result of recent federal and state policy changes that make it easier for families and individuals to apply for and receive public assistance services, restore food stamp eligibility to most legal immigrants who had lost eligibility under the 1996 welfare reform law, and provide better outreach efforts to promote access to services.

By the end of the 2004 fiscal year (June 30, 2004), the division had authorized more than \$254 million in public assistance benefit payments on behalf of county residents and managed an average monthly public assistance caseload of 42,528 cases – a 46.5 percent increase over FY 2001. By the end of the calendar year (December 2004), the public assistance caseload for that month alone had reached 46,803 cases, an increase of almost 51 percent from the average monthly caseload of 31,018 in FY 2002.

Average Number of Monthly Public Assistance/Welfare Reform Cases

Program	FY 2001	FY 2002	FY 2003	FY 2004	July-Dec 04
TANF	1,077	1,149	1,253	1,378	1,454
Food Stamps	6,516	6,952	7,487	8,899	9,762
Medicaid	19,565	20,814	23,224	29,875	31,957
VIEW	209	243	322	390	433
Other	1,870	2,103	2,369	1,986	1,986
Total	29,028	31,018	34,333	42,528	45,591*

* The actual public assistance caseload for the month of December 2004 was 46,803

PROGRAM OVERVIEW AND PERFORMANCE

- **Food Stamps Program**

The purpose of this federal program is to alleviate hunger and malnutrition by providing eligible low-income families additional food purchasing power through income supplementation. Food Stamps benefits range from \$10 to \$1,122 monthly depending on family size, countable income, and expenses. In FY 2004, an average of 8,899 families per month received a total of \$1.3 million in Food Stamps benefits, or \$15.6 million for the year.

- **Medicaid**

The federal/state funded Medicaid program pays medical service providers for services rendered to eligible elderly, disabled and blind individuals, pregnant women, and low-income families with children. Since 1998, following the implementation of the Family Access to Medical Insurance Security (FAMIS) Program, its emphasis on expanding eligibility and increasing enrollment of childrenboosted Medicaid caseloads. As outreach and emphasis on retention continues, Medicaid caseloads will likely continue to grow. In FY 2004, an average of 12,872 adults and 24,345 children participated in the Medicaid program. The county also enrolled an additional 4,618 children in FAMIS. In FY 2004, a monthly average of \$19.4 million (or \$233 million for the year) was paid out under the Medicaid program to county residents.

- **Temporary Assistance to Needy Families (TANF) and the Virginia Initiative for Employment not Welfare (VIEW)** - These programs work hand-in-hand: TANF provides monthly cash assistance to low-income families so children may be cared for in their own homes or in the homes of relatives; VIEW is the employment program for able-to-work parents receiving TANF.

The maximum amount of benefits a participating TANF family receives ranges from \$242 per month for one person to \$570 for six or more people. The average TANF family size in Fairfax County is 2.4, and the average monthly cash assistance is \$333 per family. In FY

2004, an average of 1,378 families, or 3,057 individuals, received a total of \$450,859 per month in TANF benefits, or a total of \$5.4 million for the year.

Since the start of federal welfare reform in 1996, able-to-work parents with children 18 months of age or older have been required to participate in VIEW as a condition of receiving TANF cash assistance. From April 1996, the inception of the VIEW program, to December 2004, the department provided employment and work support services through the VIEW program to more than 4,852 adults. In the first few years after the implementation of federal welfare reform, the nation witnessed a sharp decline in the number of families receiving TANF assistance. Beginning in 2002, TANF/VIEW caseloads started to rise again, but never to the pre-welfare reform levels. From December 2001 to December 2004, the average VIEW monthly caseload rose from 231 to 448. This increase can be attributed to a difficult job market for those with limited employment skills.

VIEW families become ineligible for TANF and VIEW through earnings or at the 24-month time limit of the program. When wages from employment combined with other available income reach 100 percent of the federal level (for example, \$1,306 monthly, Federal Poverty Level for 2004, for a family of three), the TANF cash assistance stops. In Fairfax County, VIEW participants' wages averaged \$8.79 per hour and \$1,237 per month in December 2004. This includes full- and part-time employment.

The increase in numbers of parents served in VIEW is matched by the complex issues that challenge these clients. Case managers must act skillfully and expediently to ensure that parents have started on the road to success and are equipped to pursue their goal of self sufficiency before the 24-month time limit is reached.

Fairfax County VIEW participants benefit from an array of employment, training and social services that support their transition to successful employment and independence. These include vocational and educational assessment, intensive job readiness workshops, customized job search guidance, English classes, education and vocational training, and screening and evaluation for hidden disabilities. Frequently used support services include transportation assistance, child care assistance, emergency services, clothing and equipment needed for the workplace, and medical services that impact employment such as eyeglasses and dental work not covered by Medicaid. VIEW participants also enjoy immediate and full access to the services available at the DFS SkillSource Employment Centers.

The division developed several programs specifically to assist TANF/VIEW families including:

The Families to Work Program - The Families to Work Program is a partnership between DFS and Fairfax County Public Schools Adult and Community Education. It serves VIEW participants who have limited English proficiency. The program builds on language skills learned in concurrent English as a Second Language classes and focuses on work readiness skills introduced in the classroom and practiced in a work-experience setting.

Bridges to Work Program – Funding for this program began in 2000, with TANF Hard-to-Serve funds through the Virginia Department of Social Services. Bridges to Work offers services that help identify hidden disabilities and provides referrals for treatment and

accommodation that improves a person's potential for stability and success in the workplace. Strong partnerships with the Virginia Department of Rehabilitative Services, Fairfax County Public Schools Adult and Community Education, ServiceSource, other employment service organizations and the SkillSource Centers enabled Bridges to Work to provide appropriate services in a timely manner for clients who are challenged with issues such as: learning disabilities, mental health issues, history of abuse, attention deficit hyperactivity disorder, post traumatic stress disorder, and mild mental retardation. Partners work together to design plans for treatment, accommodation and work supports that lead to employment and life stability.

As of December 2004, Bridges to Work received funding for another 18-month period with TANF funding through the Virginia Department of Social Services. The Virginia Department of Rehabilitative Services (DRS) also received funding and will assign a dedicated TANF DRS counselor to rotate among the four DFS regional sites. This partnership will greatly enhance the services we offer clients who have a variety of hidden disabilities.

Workplace Essential Skills – During 2004, the Workplace Essential Skills (WES) job readiness curriculum was delivered by a Self-Sufficiency Division staff member who serves as the instructor. The program is funded partially by the Bridges to Work grant and by the VIEW budget. WES is a nationally recognized curriculum developed by the Public Broadcasting System. Classroom training is coupled with workplace or volunteer work over a four-week period. During the course, participants develop a career plan, identify the skills and education they need, create resumes, practice interviewing skills and research employment opportunities.

Family Loan Program - This program, in its fifth year of operation, provides interest-free loans to credit-worthy TANF recipients and TANF transitional clients (former TANF clients who are receiving TANF support services for 12 months following closure of their cases) to purchase vehicles and other related goods and services that will help them become self-reliant. To be eligible, the TANF recipient or transitional client must meet criteria, such as being employed at least 20 hours a week, agreeing to repay the loan within 24 months and participating in credit counseling sessions. Seven social services agencies in Northern Virginia, including Fairfax County's Department of Family Services, combined grant funds received from the Virginia Department of Social Services (DSS) and contracted with a nonprofit organization, Northern Virginia Family Service, to operate this program.

The Vehicles for Change Program – This program, founded by Precision CertiPro in 1999, helps, low-income residents purchase reliable used cars. The Virginia Department of Social Services funded Fairfax County and six other Northern Virginia social services agencies to bring this nonprofit organization to Northern Virginia in January 2002. Since March 2002, 97 cars have been sold to Fairfax County low-income residents.

- ***Other Public Assistance Programs***

The department also manages other critical public assistance services, such as the Refugee Assistance program, General Relief, AFDC-Foster Care, Auxiliary Grants for the elderly and disabled, Fraud Prevention, as well as seasonal programs that meet some needs of eligible

low-income families and individuals in our community. These programs comprise approximately 4.7 percent of the caseload or 1,986 cases.

- ***Other Public Assistance Related Initiatives***

Health Access Assistance Team (HAAT) Program - The HAAT team is a partnership between DFS, the Fairfax County Department of Systems Management for Human Services, the Fairfax County Community Health Care Network (CHCN), the Fairfax County Health Department, and Office of Partnerships-Medical Care for Children Partnership (MCCP). The purpose of the team is to improve access to health care programs by creating coordinated “points of entry.” The mission is to ensure that those without health insurance have access to and use the most appropriate health care resources available to them.

There are three HAAT teams, one at each of the three Community Health Care Network (CHCN) offices in Reston, South County and Baileys Crossroads. All team members are trained to screen potential clients for eligibility and enrollment in multiple local health care systems.

Retention Grant - The department received a second year grant from the Virginia Department of Medical Assistance Services to test innovative, cost-effective strategies to increase the retention of eligible children in the FAMIS Plus program (Medicaid for children). In collaboration with other local departments of social services, DFS will explore creative ways to ensure that children retain their health care assistance.

Partnering with the Partnership for Healthier Kids - Partnership for Healthier Kids (PHK) through INOVA Health System works with DFS to assist children in receiving FAMIS Plus. PHK obtains applications and verifications from families they think may be eligible for FAMIS Plus and then forward them to the HAAT teams for eligibility determination.

Extended Hours

In an effort to provide better customer services and meet the needs of staff, the Self-Sufficiency division plans to remain open into the early evening hours beginning in September 2005. This will facilitate citizens’ access to services. Many who seek or currently receive public assistance services are employed, and it is difficult for many of them to visit a DFS office during regular business hours – 8 a.m. to 4:30 p.m. Expanded hours of operation appear to meet both the needs of customers for greater access to services and the needs of staff for flexible work hours. Additionally, it is envisioned that the use of compressed work schedules would alleviate staff-related transportation issues associated with commuting.

Process Analysis

As caseloads continue to rise, and with the implementation of extended hours of operation, the division is currently undergoing a process analysis and system reengineering. In partnership with the Department of Systems Management for Human Services, the goal is to assist caseworkers in managing their increasing caseloads and successfully implementing extended hours of operation. Project team members will be identifying ways to improve efficiency and effectiveness and increase access to services.

Outreach Efforts

Outreach efforts continue on the federal, state and local levels to reach those in need who may be eligible for assistance. Community education and outreach is an important part of the department's work in providing services to the community. As the community becomes more aware of our programs and the eligibility requirements, additional citizens may seek out services. The outcome will be better health care and an improved standard of living for individuals and families, which benefits the community.

Medicare Part D Prescription Card

Many elderly and/or disabled Medicaid recipients also receive Medicare. The department found that many Medicaid recipients were not applying for the new Medicare Part D Prescription Card. Most of these recipients are eligible for \$600 in free prescription coverage. In partnership with the Adult and Aging Division, the Self-Sufficiency Division sent out letters to approximately 800 Medicaid/Medicare recipients providing them with information about the new prescription card, including specific instructions on how to apply for the Medicare Prescription card and an offer of assistance in applying, if needed.

EMPLOYMENT PROGRAM HIGHLIGHTS

Currently, Fairfax County DFS is designated by the Northern Virginia Workforce Investment Board to manage the Workforce Investment Act and other federally funded employment programs for the local workforce area. This area includes Fairfax, Prince William, and Loudoun counties, and the cities of Falls Church, Fairfax, Manassas and Manassas Park. In addition to WIA programs, DFS operates programs aimed at target populations (such as people with disabilities) and high-demand industries (such as healthcare and information technology).

Our employment services are designed to meet the needs of two primary groups of customers: individuals seeking employment and employers. Job seekers in this area cross over several ethnic groups and speak various languages. More than one million people call Fairfax County home, of which 35 percent are of non-majority populations.¹ Fairfax County is diverse not only in ethnicity, but also in types of businesses. The nearly 9,000 businesses located in Fairfax County account for more than 63 percent of all businesses in the local workforce area.² Businesses in high-growth industries such as healthcare, telecommunications, and business services are based throughout Fairfax County.

Programs are delivered at one-stop employment centers called SkillSource Centers. The centers partner with agencies such as Fairfax County Public Schools, the Virginia Employment Commission, and the Virginia Department of Rehabilitative Services to provide services such as: GED preparation and testing, work-readiness training, unemployment insurance filing, and customized computer training. Individuals from every level of the workforce access services at the SkillSource Centers, including families seeking to earn a living wage, dislocated workers from entry-level to highly specialized occupations, and youth looking to enter the workforce. Fairfax County DFS operates three of the seven SkillSource Centers in this region: South County, Falls Church, and Lake Anne in Reston.

¹ U.S. Census Bureau, 1990 and 2000 Decennial Censuses and 2003 American Community Survey.

² Brad and Dunstreet Commercial database of employers size 10+

Through the SkillSource Centers job seekers can expect to obtain assistance in job search, resume writing, career assessment, access to labor market information and unemployment insurance. Additional services that address more specific needs, such as career development and occupational skills training, are also available.

Employer services include screened job applicant referrals, onsite recruitment and interview events, and job placement matches. Business start-up and expansion services are available to small businesses through the Center for Business Planning and Development, which is co-located with the SkillSource Center at the Falls Church site.

2004 Program Statistics and Highlights

- More than 32,000 visits were made to Fairfax County SkillSource Centers. More than 11,600 were first-time visitors.
- 393 individuals received intensive training services through WIA programs. The 200 WIA participants who completed services averaged a salary of \$42,494 per year.
- The NVWIB presented a plaque for Workforce Excellence to Fairfax County in May 2004 for being the only workforce investment area to exceed all 17 federal performance benchmarks. This achievement enabled the NVWIB to compete and be one of only two workforce areas in Virginia to receive a Local Incentive Award of \$75,000.
- The On-the-Job Training (OJT) Program was implemented to provide participants with on-the-job occupational skills and work ethic training. The wages of individuals are subsidized for up to three months, and the employer commits to hiring the worker permanently after the training program is complete. This program is especially effective for job seekers with multiple barriers, who otherwise may not be considered by the employer.
- DFS received a Partnership Award from the local nonprofit organization the Business Development Assistance Group (BDAG) for its work with small and minority businesses. Along with BDAG and the NVWIB, DFS is a partner at the Center for Business Planning and Development, which provides services to emerging entrepreneurs and existing businesses throughout Northern Virginia. In 2004, 47 new businesses were started in service, technology, retail, consulting, and construction. Twenty-five businesses received business expansion services, and a total of 82 new jobs were created (69 as the result of new business startup, and 13 from business expansion).

ISSUES/TRENDS

- **Reauthorization of the Personal Responsibility and Work Opportunity Reconciliation Act**

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) created the Temporary Assistance for Needy Families (TANF) block grant. Authorization for the TANF program ended September 30, 2002. Congress did not deal with the full reauthorization of TANF before the original expiration date; therefore, TANF and related programs have continued to operate under a series of extensions (continuing resolutions), the most recent of which will expire in March 2005. This is the eighth time PRWORA has been temporarily extended since 2002.

As this report is being written, the Congress is resuming the discussion about reauthorization of this legislation. Key policy changes are likely to be discussed that could increase workloads and costs for state and local governments charged with implementing not only TANF but also related child care and employment assistance programs.

Among the key policy changes under consideration are the level of funding for child care, work participation requirements, the types of activities that count toward the work participation rate, the number of hours a participant must be in work or a work activity, and the new universal engagement requirement. Given what is known today about the reauthorization of TANF, increases in workloads and costs for TANF/VIEW and child care programs both at the state and local levels can be expected.

- **Increased Demand for Public Assistance and Workload Increases**

As mentioned earlier, increased demand for public assistance programs has been the trend since 2001. The initial increase was a result of the combined effects of a weakening economy and the losses caused by the terrorist attacks of September 11 which created increased unemployment and business decline. The increased demand for public assistance is likely to continue primarily due to recent federal and state policy changes designed to streamline the application and renewal process, allow certain groups of legal immigrants to qualify for Food Stamps again, and outreach efforts aimed at improving access to services and connecting people with benefits. The growth in public assistance caseload numbers is dramatic – 46,803 cases were handled in December 2004, compared to a monthly average of 34,333 in 2003. To deal with the caseload increase, the division put in place several measures to increase efficiency such as restructuring the caseloads, changing the intake system, implementing a language access policy for staff and modifying training for new staff. However, the effect of these changes was diminished by the unprecedented caseload increase.

- **Recruitment and Retention of Staff**

The department is committed to recruiting and retaining a highly competent workforce to accomplish its mission. Given the complexity and high volume of work in the division, retention of staff has suffered greatly. In 2004, 15 percent of our case-carrying staff left employment with this division primarily for other jobs that offer a higher salary with less complicated workloads issues. As of December 2004, 25 percent of our case-carrying staff have less than one year of experience. This is important to note because of the complexity of the work. Training for a caseworker can take up to three months, and once they are in the workplace, it takes a full year to become proficient.

The division is currently exploring ways to reduce the effects of caseload increase on staff, improve job satisfaction and reduce staff turnover rates. In addition, the division is studying innovative ways to train staff to become more proficient at their jobs in the shortest time possible.

- **Medicare Part D**

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 creates a new drug benefit called Medicare Part D. In January 2006, Medicare will help pay for outpatient prescription drugs. Medicare will also provide additional help to beneficiaries who qualify based on low incomes and limited assets. Dual eligibles (those enrolled in both Medicare and Medicaid) currently receive coverage for prescription drugs through the Medicaid program, which is the responsibility of the department. However, dual eligibles will now need to obtain Medicare drug coverage through a private Part D plan, as Medicaid prescription drug coverage for dual eligibles will end when the new prescription drug coverage program begins in January 2006. They will pay no premium or deductible. Co-pays will be \$1 to \$3 for those with incomes under 100 percent of the federal poverty level (FPL) and \$2 to \$5 for those with incomes above 100 percent of the FPL. Dual eligibles will be enrolled automatically in Medicare Part D.

Other Medicare beneficiaries with incomes between 100 percent and 150 percent of the FPL will receive a full or reduced subsidy, depending on their income level, to assist with the cost of the basic premium. Their co-pays will be \$2 to \$5 with a deductible up to \$50, depending on their income. These low-income beneficiaries will have to meet both an income and asset test to receive assistance for the first time in Medicare. Eligibility for this subsidy can be determined by the Social Security Administration and/or the local Departments of Social Services. Based on data provided by the Virginia Department of Social Services, it is estimated that approximately 30,000 individuals in Fairfax County may qualify for the new subsidy. This will be an additional workload for the department, the extent to which we do not know at this time. Applications will be accepted into the program beginning in July 2005.

- **Linking Computer Systems**

The Self-Sufficiency Division currently uses seven computer systems. The majority of these systems are required by the Virginia Department of Social Services. The use of so many systems is inefficient, especially at a time when caseloads have increased so drastically and staff struggles to keep up with the workload demands. In coordination with the Department of Information Technology, the department is exploring a computer system that would provide a single IT point of entry by linking all of the mandated state systems together to eliminate redundancies, eliminate paper thus reduce filing space and time, increase staff efficiency and satisfaction and provide better customer service.

- **Meeting the Needs of a Changing Community**

Each year, the diversity among the families living in the county increases. Diversity is related not only to culture and language spoken, but to other factors such as the increased number of aging adults and people with disabilities. Diversity has enriched our community and added a new level of complexity to the work of the division. To provide equal access to services and maintain excellence in public service DFS continues to invest in attracting, developing and retaining a highly skilled and diverse workforce. In addition, the department must provide its

staff with adequate tools to meet the needs of the community, including access to language translation and interpretation services (including sign language), as well as the provision of culturally appropriate services. The division uses in-house bilingual staff to provide interpretation assistance in conjunction with their job duties. Additionally, the division provides language access services through the use of telephonic interpreters to ensure the inability to speak English is not a barrier to accessing services. Staff was trained on how to access and use language interpretation services and frequently makes use of these services.

This report can also be viewed online at www.fairfaxcounty.gov/service/pdf/ASSB2004.pdf

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